

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan-11, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000002049

1. Entity Name

SALES DEVELOPMENT COMPANY & ASSOCIATES INC.



Principal Place of Business

**109 WILDERNESS DR 216
NAPLES, FL 34105**

Mailing Address

**109 WILDERNESS DR 216
NAPLES, FL 34105**



01052007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

61-1048289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENNETT, LARRY
109 WILDERNESS DR 216
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	BENNETT, LARRY D
STREET ADDRESS	109 WILDERNESS DR APT 216
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VD
NAME	BENNETT, SHARON H
STREET ADDRESS	109 WILDERNESS DR APT 216
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000581957
01/11/07-80012-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2007 *239-261-0536*