

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63426

FILED
Jan 25, 2008
Secretary of State

Entity Name: SANSCEO, INCORPORATED

Current Principal Place of Business:

712 AVE A
FORT PIERCE, FL 34950 US

New Principal Place of Business:

3201 BENT PINE DRIVE
FORT PIERCE, FL 34951 US

Current Mailing Address:

3201 BENT PINE DR.
FORT PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 65-0186255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUDYMONT, WALTER A.
3201 BENT PINE DR.
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: SUDYMONT, WALTER A
Address: 3201 BENT PINE DR.
City-St-Zip: FORT PIERCE, FL 34951

Title: MRS (X) Delete
Name: SUDYMONT, MARY D
Address: 3201 BENT PINE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER A SUDYMONT

PRES

01/25/2008

Electronic Signature of Signing Officer or Director

Date