


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90057 045 \*\*\*150.00

**DOCUMENT # P00000116741**

1. Entity Name  
**BILL SANDIDGE, INC.**



Principal Place of Business  
**1000 NORTH FEDERAL HIGHWAY  
 POMPAÑO BEACH, FL 33062**


Mailing Address  
**1000 NORTH FEDERAL HIGHWAY  
 POMPAÑO BEACH, FL 33062**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



02052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1070417**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHRIES, J. GREGORY ESQ  
 300 S. ORANGE AVE., STE. 1000  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name  
**Corporation Company of Orlando**

Street Address (P.O. Box Number is Not Acceptable)  
**300 S. Orange Ave., Suite 1000 (JGH)**

City  
**Orlando** FL Zip Code  
**32801**

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 *J. Gregory Humphries* **J. Gregory Humphries, Vice President** DATE **3-31-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SANDIDGE, WILLIAM 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>vefo</del> DAYHOFF, MICHAEL R 1000 NORTH FEDERAL HIGHWAY POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, AS, T, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael R. Dayhoff* **Michael R. DAYHOFF** DATE: **3/16/04** Daytime Phone #: **954867-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR