


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90195 003 \*\*\*150.00

|   |                                      |   |  |  |  |
|---|--------------------------------------|---|--|--|--|
| DOCUMENT # P00000116741   |                                      |   |  |         |  |
| 1. Entity Name<br>BILL SANDIDGE, INC.   |                                      |   |  |  |  |
| Principal Place of Business<br>1000 NORTH FEDERAL HIGHWAY<br>POMPAÑO BEACH, FL 33062  |                                      | Mailing Address<br>1000 NORTH FEDERAL HIGHWAY<br>POMPAÑO BEACH, FL 33062  |  |  |  |
| 2. Principal Place of Business<br>4250 N. Federal Hwy.  |                                      | 3. Mailing Address<br>4250 N. Federal Hwy.  |  |  |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.   |  |  |  |
| City & State<br>Lighthouse Point, FL  |                                      | City & State<br>Lighthouse Point, FL  |  | 4. FEI Number<br>65-1070417  |  |
| Zip<br>33064  |                                      | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip<br>33064  |                                      | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                                      |   | 7. Name and Address of New Registered Agent                                  |  |  |
| CORPORATION COMPANY OF ORLANDO<br>300 S. ORANGE AVE., STE. 1000<br>ORLANDO, FL 32801  |                                      |   | Name   |  |  |
|   |                                      |   | Street Address (P.O. Box Number is Not Acceptable)                           |  |  |
|   |                                      |   | City   |  |  |
|   |                                      |   | FL   |  |  |
|   |                                      |   | Zip Code   |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                                      |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |  |  |
| TITLE   | DPS <input type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | SANDIDGE, WILLIAM                    | NAME  | 4250 N. Federal Hwy.   |  |  |
| STREET ADDRESS  | 1000 NORTH FEDERAL HIGHWAY           | STREET ADDRESS  | Lighthouse Point, FL 33064   |  |  |
| CITY-ST-ZIP   | POMPAÑO BEACH, FL 33062              | CITY-ST-ZIP   | Lighthouse Point, FL 33064   |  |  |
| TITLE   | DVST <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | DAYHOFF, MICHAEL R                   | NAME  | D-V-AS-T-CFO   |  |  |
| STREET ADDRESS  | 1000 NORTH FEDERAL HIGHWAY           | STREET ADDRESS  | 4250 N. Federal Hwy.   |  |  |
| CITY-ST-ZIP   | POMPAÑO BEACH, FL 33062              | CITY-ST-ZIP   | Lighthouse Point, FL 33064   |  |  |
| TITLE   | DV <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME  | SMITH, PHILIP P                      | NAME  | 4250 N. Federal Hwy.   |  |  |
| STREET ADDRESS  | 1000 NORTH FEDERAL HIGHWAY           | STREET ADDRESS  | Lighthouse Point, FL 33064   |  |  |
| CITY-ST-ZIP   | POMPAÑO BEACH, FL 33062              | CITY-ST-ZIP   | Lighthouse Point, FL 33064   |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME  |                                      | NAME  |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP   |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME  |                                      | NAME  |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP   |  |  |  |
| TITLE   | <input type="checkbox"/> Delete      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME  |                                      | NAME  |  |  |  |
| STREET ADDRESS  |                                      | STREET ADDRESS  |  |  |  |
| CITY-ST-ZIP   |                                      | CITY-ST-ZIP   |  |  |  |
| 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: <i>Michael R. Dayhoff</i> VP   |                                      | Date: 4/27/05   |  | Daytime Phone #: (954) 867-1234  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MICHAEL R. DAYHOFF  |                                      |   |  |  |  |