

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

04-18-2007 90190 005 ***150.00

DOCUMENT # P06000123646					
1. Entity Name SANFORD ENTERPRISES UNLIMITED, INC					
Principal Place of Business 1502 SOUTH LAKESIDE DRIVE #312N LAKE WORTH FL 33460 US			Mailing Address PO BOX 551 LAKE WORTH FL 33460 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0612013	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAY, ROBERT M 1502 SOUTH LAKESIDE DRIVE #312N LAKE WORTH FL 33460			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 _____ Signature, typed or printed name of registered agent and date if applicable (NOT: Registered Agent's signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P MAY, ROBERT M 1502 SO LAKESIDE DRIVE #312N LAKE WORTH FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MAY, SCOTT 3435 ROSTAN LANE LAKE WORTH FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	(3435) ☒ Change ☐ Addition 3435 Rostan Lane LAKE WORTH, FL 33461	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Robert M. May - President</i>			Date <i>4/9/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		