2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P9700005048

SANDBERG FINANCIAL SERVICES, INC.



FILED Apr 26, 2004 08:00 AM Secretary of State

Principal Place of Business

1918 E HILLCRES ST ORLANDO, FL 32803

Mailing Address

P O BOX 149564

ORLANDO, FL 32814 US



04222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3420646 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

NISI, JR., FRANK P 2003 LAKE HOWELL LANE STE. 101 MAITLAND, FL 32751

DO NOT WRITE

				IN THIS SPACE		
	named entity submits this statement for tions of registered agent.	the purpose of changing its registe	red office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd tile if spolicable. (NOTE: Register	ed Agent signature	required when remassing)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		S. Election Campaign Final Trust Fund Contribution	9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees		000000130089 04/26/04-80104-023 150.00	
10.	OFFICERS AND	DIRECTORS]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDBERG, JAMES E 1918 E HILLCREST ST ORLANDO, FL 32803					
THILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			1			

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR