

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000083834

**Entity Name:** SANDERS ELITE TRAINING PERFORMANCE, INC.

**Current Principal Place of Business:**

11339 DISTRIBUTION AVE E  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7801 TOWER RIDGE CT  
JACKSONVILLE, FL 32250 US

**FEI Number: 46-1123456**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANDERS, JERRIAN R  
7801 TOWER RIDGE CT  
JACKSONVILLE, FL 32216 US

*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

**Officer/Director Detail :**

Title P  
Name SANDERS, JERRIAN R  
Address 7801 TOWER RIDGE CT  
City-State-Zip: JACKSONVILLE FL 32216

Title CEO  
Name SANDERS, JERRIAN R  
Address 7801 TOWER RIDGE CT  
City-State-Zip: JACKSONVILLE FL 32216

Title COO  
Name WILSON, BYRON E  
Address 860 BRIARCREEK RD.  
City-State-Zip: JACKSONVILLE FL 32225

Title VP  
Name WILSON, BYRON E  
Address 860 BRIARCREEK RD.  
City-State-Zip: JACKSONVILLE FL 32225

Title TREA  
Name WILSON, KIMBERLY D  
Address 860 BRIARCREEK RD.  
City-State-Zip: JACKSONVILLE FL 32225

Title EXECUTIVE SECRETARY  
Name WILSON, KIMBERLY D  
Address 860 BRIARCREEK RD.  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby 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 all other like empowered.*

**SIGNATURE: BYRON WILSON**

**COO**

**04/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date