


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90042 048 ***150.00

DOCUMENT # 341299			
1. Entity Name SACKMAN SALES, INC.			
Principal Place of Business 1520 S HWY 15-A DELAND, FL 32720		Mailing Address P.O. BOX 144 DELAND, FL 32721	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01212008 Chg-P CR2E034 (12/06)

4. FEI Number
59-1232956

Applied For
Not Applicable

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	
SACKMAN, ROBERT H 7031 S. ATLANTIC AVE. NEW SMYRNA BEACH, FL 32169		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKMAN, ROBERT H	NAME	
STREET ADDRESS	7031 S. ATLANTIC AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKMAN, SCOTT R.	NAME	
STREET ADDRESS	4733 CHULUOTA RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32820	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKMAN, SLADE C	NAME	SLADE C. SACKMAN
STREET ADDRESS	806 CYPRESS LAKE CIR-	STREET ADDRESS	1230 CALOOSA DR.
CITY-ST-ZIP	FT MYERS, FL 33901	CITY-ST-ZIP	FT. MYERS, FL. 33901
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKMAN, NANCY J.	NAME	SACKMAN, NANCY J.
STREET ADDRESS	7031 S ATLANTIC AVE	STREET ADDRESS	<i>address the same</i>
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	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 exemptions contained in Chapter 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:  **1-23-08** 734-7278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #