

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341299

Entity Name: SACKMAN SALES, INC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

1520 S HWY 15-A
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 144
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-1232956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACKMAN, ROBERT H
7031 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SACKMAN, ROBERT H,
Address: 7031 S. ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S () Delete
Name: SACKMAN, SCOTT R.,
Address: 4733 CHULUOTA RD
City-St-Zip: ORLANDO, FL 32820

Title: VP () Delete
Name: SACKMAN, SLADE C
Address: 1230 CALOOSA DR
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: SACKMAN, NANCY J
Address: 7031 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SACKMAN, SLADE C
Address: 13762 PINE VILLA LANE
City-St-Zip: FORT MYERS, FL 33912

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY J. SACKMAN

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date