

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 359293

1. Entity Name
SAN-TEK ENTERPRISES, INC.



Principal Place of Business

**1338 S KILLIAN DR
LAKE PARK, FL 33403**

Mailing Address

**1338 S KILLIAN DR
LAKE PARK, FL 33403**

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1286786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUFFOLO, HENRY
315 3RD ST
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000278394
03/28/05-60022-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANVILLE, ALAN D
STREET ADDRESS	10170 DAHLIA AVE
CITY-ST-ZIP	PALM BEACH GNDS, FL
TITLE	DS
NAME	SANVILLE, DOROTHY L
STREET ADDRESS	10170 DAHLIA AVE.
CITY-ST-ZIP	PALM BEACH GNDS, FL
TITLE	D
NAME	SANVILLE, DORTHY L.
STREET ADDRESS	10170 DAHLIA AVE.
CITY-ST-ZIP	PALM BEACH GNDS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

Dorothy L. Sanville - Dorothy L. Sanville

3-28-05

561-622-5375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #