

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 08:00 A
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**



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI 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 _____ (NOTE: Registered Agent signature required when submitting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANVILLE, ALAN D 10170 DAHLIA AVE PALM BEACH GNDS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANVILLE, DOROTHY L 10170 DAHLIA AVE PALM BEACH GNDS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANVILLE, DORTHY L 10170 DAHLIA AVE PALM BEACH GNDS, FL
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03/18/06-80053-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy L. Sanville - Dorothy L. Sanville 3-3-06 561-622-539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if