

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 429482 1. Entity Name SANFORD SCALE COMPANY, INC.	
--	---

Principal Place of Business 207 CYPRESS AVE P O BOX 1388 SANFORD, FL 32771	Mailing Address 207 CYPRESS AVE P O BOX 1388 SANFORD, FL 32771
--	--

DO NOT WRITE IN THIS SPACE



03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1470085	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**STEWART, ASHLEY S MRS.
207 CYPRESS AVENUE
SANFORD, FL 32771**

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 SCHANEL, BRIAN A 114 VIRGINIA AVE N SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHANEL, MYRA M 114 VIRGINIA AVE N SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEWART, ASHLEY S 151 WEST Highbanks RD DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHANEL, ANTHONY C 101 VIRGINIA AVE N SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000487186
04/13/06-80068-007 150.00

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 fee empowered.

SIGNATURE: Brian A. Schanel CEO 3-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #