
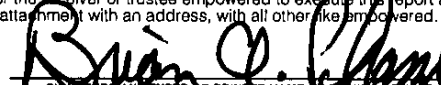


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 429482</b>		
1. Entity Name <b>SANFORD SCALE COMPANY, INC.</b>		
Principal Place of Business <b>207 CYPRESS AVE P O BOX 1388 SANFORD, FL 32771</b>		Mailing Address <b>207 CYPRESS AVE P O BOX 1388 SANFORD, FL 32771</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01142008 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-1470085</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>STEWART, ASHLEY S MRS. 207 CYPRESS AVENUE SANFORD, FL 32771</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U000000796904 01/29/08-80053-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	SCHANEL, BRIAN A	
STREET ADDRESS	114 VIRGINIA AVE N	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	V	
NAME	SCHANEL, MYRA M	
STREET ADDRESS	114 VIRGINIA AVE N	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	ST	
NAME	STEWART, ASHLEY S	
STREET ADDRESS	151 WEST HIGHBANKS RD	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	DV	
NAME	SCHANEL, ANTHONY C	
STREET ADDRESS	101 VIRGINIA AVE N	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		Brian A. Schanel 01/21/08 407-322-3011
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>