



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 500658</b> 1. Entity Name <b>SANDERS COMPANY, INC.</b>	
--	---

Principal Place of Business <b>2816 SE MONROE ST. STUART, FL 34997</b>	Mailing Address <b>2816 SE MONROE ST. STUART, FL 34997</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1662530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SANDERS, DAVID F.  
4165 SW HONEY TERR  
STUART, FL 33497**

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, DAVID F. 4165 SW HONEY TERR STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNCAN, HUGH A 3252 GLENFINNAN DR ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAYLOR, LORNA 7631 S.E. BAY CEDAR CIR. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000596839  
01/24/07-80012-013 150.00

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

SIGNATURE:  **1-17-07** **772-220 2900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**DAVID F. SANDERS - Pres**