


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 593985</b>	
<b>1. Entity Name</b> SANFORD MOTOR COMPANY, INC.	

<b>Principal Place of Business</b> 3418 S. ORLANDO DRIVE SANFORD, FL 32773	<b>Mailing Address</b> 3418 S. ORLANDO DRIVE SANFORD, FL 32773
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**DO NOT WRITE IN THIS SPACE**

04072005 No Chg-P CR2E034 (10/03)

<b>4. FCI Number</b> 59-1985012	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BALES, DONALD J.  
3418 S. ORLANDO DR.  
SANFORD, FL 32773

**DO NOT WRITE IN THIS SPACE**

**7. 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</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	STD
<b>NAME</b>	BALES, EVELYN C
<b>STREET ADDRESS</b>	805 DE LA BOSQUE
<b>CITY-ST-ZIP</b>	LONGWOOD, FL
<b>TITLE</b>	PD
<b>NAME</b>	BALES, DONALD J
<b>STREET ADDRESS</b>	805 DE LA BOSQUE
<b>CITY-ST-ZIP</b>	LONGWOOD, FL
<b>TITLE</b>	VD
<b>NAME</b>	BALES, JEFFREY C
<b>STREET ADDRESS</b>	113 LINDA LANE
<b>CITY-ST-ZIP</b>	LAKE MARY, FL 32746
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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04/13/05-80088-004 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 duly empowered**

**SIGNATURE:** Donald J. Bales **DONALD J. BALES** 04-08-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone #