

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 597900

FILED
Apr 27, 2006
Secretary of State

Entity Name: SANDERS MANUFACTURING CO., INC.

Current Principal Place of Business:

BLDG. L INDUSTRIAL PARK RD.
P.O. BOX 5437
DESTIN, FL 325402437

New Principal Place of Business:

BLDG. L INDUSTRIAL PARK RD.
P.O. BOX 5437
DESTIN, FL 325405437

Current Mailing Address:

BLDG. L INDUSTRIAL PARK RD.
P.O. BOX 5437
DESTIN, FL 325402437

New Mailing Address:

BLDG. L INDUSTRIAL PARK RD.
P.O. BOX 5437
DESTIN, FL 325405437

FEI Number: 59-1873911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, BILLY J
INDUSTRIAL PK RD.
P.O. BOX 5437
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PV () Delete
Name: SANDERS, BILL
Address: 845 KELLAIRE
City-St-Zip: DESTIN, FL

Title: ST (X) Delete
Name: BAGGETT, BEVERLY J
Address: 833 KELLAIRE DR
City-St-Zip: DESTIN, FL 32541

Title: OM () Delete
Name: BISSEN, TRACY R
Address: 186 BH REDDICK RD
City-St-Zip: BRUCE, FL 32455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY BISSEN

OM

04/27/2006

Electronic Signature of Signing Officer or Director

Date