2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 653394

1. Entity Name
SANDERS, SANDERS & HOLLOWAY, P.A.

Principal Place of Business	Mailing Address
250 E SIXTH AVE	P.O. BOX 4144
TALLAHASSEE, FL 32303	TALLAHASSEE, FL 32315

DO NOT WRITE IN THIS SPACE

04242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1974251	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, VERNON E.
250 E SIXTH AVE
TALLAHASSEE, FL 32303

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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

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

U00000533383
US/U6/U6-8U12I-U18 15U.0U

10. OFFICERS AND DIRECTORS	
TITLE	C
NAME	SANDERS, VERNON E
STREET ADDRESS	1035 KINGDOM
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	P
NAME	SANDERS, T.E. J
STREET ADDRESS	2412 PEREZ
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	V
NAME	HOLLOWAY, DAN
STREET ADDRESS	402 AUDUBON DR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	RYAN, MARK J
STREET ADDRESS	1008 HAWKEYE TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Vernon E. Sanders Treasurer_   4-24-06   850-222-1608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #