

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90049 014 \*\*\*150.00

DOCUMENT # 653394  
1. Entity Name  
SANDERS, SANDERS & HOLLOWAY, P.A.



Principal Place of Business  
250 E SIXTH AVE  
TALLAHASSEE, FL 32303

Mailing Address  
P.O. BOX 4144  
TALLAHASSEE, FL 32315



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1974251

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
SANDERS, VERNON E.  
250 E SIXTH AVE  
TALLAHASSEE, FL 32303

**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 terminating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

**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: Vernon E. Sanders, President 2-08-07 850-222-1608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

VERNON E. SANDERS, President