

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729804

FILED
Jan 18, 2012
Secretary of State

Entity Name: SANSEAIR, INC.

Current Principal Place of Business:

970 LAKE CARILLON DR.
102
ST. PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

970 LAKE CARILLON DR.
102
ST. PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-1869349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PBM
970 LAKE CARILLON DR.
102
ST. PETERSBURG, FL 33715 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

OFFICERS AND DIRECTORS:

Title: D
Name: HASKEL, GERRY
Address: 5901 SUN BLVD #203
City-St-Zip: ST PETERSBURG, FL 33617

Title: DP
Name: GRIGLAK, JENNIFER
Address: 5901 SUN BLVD #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: D
Name: MILEY, JILL
Address: 5901 SUN BLVD #203
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: PD
Name: KNUDSON, MARY
Address: 5901 SUN BLVD #203
City-St-Zip: ST PETERSBURG, FL 33706

Title: D
Name: BARRON, BONNIE
Address: 5901 SUN BLVD #203
City-St-Zip: ST. PETERSBURG, FL 33706

Title: D
Name: WILLIAMS, PAT
Address: 5901 SUN BLVD #203
City-St-Zip: ST. PETERSBURG, FL 33706

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WCN

RA

01/18/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date