


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000002268 1. Entity Name POSNER-VOLPER COMPANY, INC.	
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Principal Place of Business 131 UNION STREET #1 POUGHKEEPSIE, NY 12601	Mailing Address 131 UNION STREET #1 POUGHKEEPSIE, NY 12601
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01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 14-1664944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SANDALWOOD OPERATING COMPANY % SANDALWOOD APARTMENTS - OFFICE 6501 HIGHWAY 98 WEST PENSACOLA, FL 32506	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000205741 01/31/05-80055-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC POSNER, LAWRENCE R 129 UNION STREET #1 POUGHKEEPSIE, NY 12601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOSNELL, LOUISE 206 BARMORE ROAD LAGRANGEVILLE, NY 12540
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	01/25/2005 845 471-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #