2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# F03000001438

Entity Name: SANDERS BROS., INC. OF DELAWARE

Current Principal Place of Business:

9311 BLUEBONNET BLVD
BATON ROUGE, LA 70810

New Principal Place of Business:

1709 OLD GEORGIA HWY
GAFFNEY, SC 29342 US

Current Mailing Address:

9311 BLUEBONNET BLVD
BATON ROUGE, LA 70810

New Mailing Address:

PO BOX 188
GAFFNEY, SC 29342 US

FEI Number: 81-0592944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD ( ) Delete
Name: EAKIN, SAMUEL F
Address: 1709 OLD GEORGIA HWY
City-St-Zip: GAFFNEY, SC 29340

Title: P ( ) Delete
Name: HILL, TERRY L
Address: 1709 OLD GEORGIA HWY
City-St-Zip: GAFFNEY, SC 29340

Title: VSTD ( ) Delete
Name: AMMONS, DAVID B
Address: 1709 OLD GEORGIA HWY
City-St-Zip: GAFFNEY, SC 29340

Title: V ( ) Delete
Name: WARNER, RODNEY H
Address: 1709 OLD GEORGIA HWY
City-St-Zip: GAFFNEY, SC 29340

Title: VAS ( ) Delete
Name: LEAZER, JOHN A
Address: 1709 OLD GEORGIA HWY
City-St-Zip: GAFFNEY, SC 29340

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:

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 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 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: JOHN A LEAZER VP 03/21/2005

Electronic Signature of Signing Officer or Director Date