



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90002 039 ***550.00

DOCUMENT # F03000005073 1. Entity Name PRO SERV SANDERS, INC.					
Principal Place of Business 1709 OLD GEORGIA HWY. GAFFNEY, SC 29341			Mailing Address P.O. BOX 188 GAFFNEY, SC 29342		
2. Principal Place of Business 101 Tech Drive Suite, Apt. #, etc.		3. Mailing Address 101 Tech Drive Suite, Apt. #, etc.		54070612 	
City & State Sanford, FL		City & State Sanford, FL		4. FEI Number 38-3689464	
Zip 32771		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C EAKIN, SAMUEL 1910 WHITE ST. ALEXANDRIA, LA 71301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Eakin, Samuel 9311 Bluebonnet Blvd. Baton Rouge, LA 70810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILL, TERRY 1709 OLD GEORGIA HWY. GAFFNEY, SC 29341	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEAZER, JOHNNY 1709 OLD GEORGIA HWY. GAFFNEY, SC 29341	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	General Manager Terrell, Robert E. 101 Tech Drive Sanford, FL 32771	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Robert E. Terrell 08-26-04 407-324-5666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					