

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005073

1. Entity Name
PRO SERV SANDERS, INC.



Principal Place of Business

**101 TECH DRIVE
SANFORD, FL 32771**

Mailing Address

**101 TECH DRIVE
SANFORD, FL 32771**

DO NOT WRITE IN THIS SPACE



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number
38-3689464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	EAKIN, SAMUEL
STREET ADDRESS	9311 BLUEBONNET BLVD
CITY-ST-ZIP	BATON ROUGE, LA 70810
TITLE	P
NAME	HILL, TERRY
STREET ADDRESS	1709 OLD GEORGIA HWY.
CITY-ST-ZIP	GAFFNEY, SC 29341
TITLE	VP
NAME	LEAZER, JOHNNY
STREET ADDRESS	1709 OLD GEORGIA HWY.
CITY-ST-ZIP	GAFFNEY, SC 29341
TITLE	GM
NAME	TERRELL, ROBERT E
STREET ADDRESS	101 TECH DRIVE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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

Robert E. Terrell

07/28/05 407-324-5666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #