

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90034 002 \*\*\*150.00

**DOCUMENT # F77352**

1. Entity Name

VIC SANBORN DETAILING SERVICE, INC.



Principal Place of Business

C/O VICTOR S. SANBORN  
6708 CISCO GARDEN ROAD E  
JACKSONVILLE FL 32219

Mailing Address

C/O VICTOR S. SANBORN  
6708 CISCO GARDEN ROAD E  
JACKSONVILLE FL 32219

**94036402**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2180573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANBORN, VICTOR S.  
6708 CISCO GARDEN ROAD EAST  
JACKSONVILLE FL 32219

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

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**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE TSD ☐ Delete  
NAME SANBORN, LINDA S  
STREET ADDRESS 6708 CISCO GARDEN RD. E.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ Delete  
NAME SANBORN, VICTOR S  
STREET ADDRESS 6708 CISCO GARDEN RD. E.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ Delete  
NAME SANBORN, MARK R  
STREET ADDRESS 1660 DARTMOUTH DR  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE VP ☐ Delete  
NAME CRUZ, SUSAN A  
STREET ADDRESS 3797 ST JOHN BLUFF RD S APT 2008  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12508 Brahma Bull Circle West  
CITY-ST-ZIP Jacksonville, FL 32226

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Linda S. Sanborn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04 904-765-0812

Date

Daytime Phone #