

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2007 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2180573

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP 1100000649733
03/07/07-80059-018 150.00

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

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

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

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

TITLE VP
NAME CRUZ, SUSAN A ☐ Delete
STREET ADDRESS 12508 BRAHMA BULL CIRCLE WEST
CITY- ST- ZIP JACKSONVILLE FL 32226

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
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 exemptions contained in Section 119, 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 Linda S. Sanborn 2-26-07 904-765-0812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #