

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90308 030 \*\*\*150.00

**DOCUMENT # F98000002623**

1. Entity Name  
**MERLE W. SAUDER, INC.**



Principal Place of Business  
**506 NORTH THIRD STREET  
ROANOKE, IL 61561**

Mailing Address  
**506 NORTH THIRD STREET  
ROANOKE, IL 61561**

00046671



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>37-0966131</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 X (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, MARTHA P <del>228 BEACH RD</del> 4924 Peaceable Way SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUDER, JOHN J 506 NORTH THIRD STREET ROANOKE, IL 61561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOFFMAN, LAWRENCE J <del>228 BEACH RD</del> 4924 Peaceable Way SARASOTA, FL 34242
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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)(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: X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #