


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul-16, 2007 08:00 AM
Secretary of State**

DOCUMENT # H34766 1. Entity Name I.E. SANDERS REALTY, INC.	
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Principal Place of Business 74 TOWER ST LAKE PLACID, FL 33852 US	Mailing Address 74 TOWER ST LAKE PLACID, FL 33852 US
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DO NOT WRITE IN THIS SPACE



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2512625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, IRELAND E.
74 TOWER ST
LAKE PLACID, FL 33852

**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 14, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	PST SANDERS, IRELAND E. 74 TOWER ST LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/16/07-80003-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/07 863-465-1400
Date Daytime Phone #