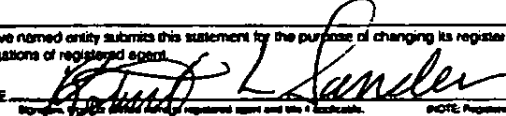


FILED
May 21, 2007 8:00 am
Secretary of State

03-27-2007 90018 013 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

3/2
3.

DOCUMENT # H65285 1. Entity Name SANDERS AGENCY INC.			
Principal Place of Business 202 LAKE MIRIAM DR. (LAKELAND 33813) E12 LAKELAND, FL 33813 US		Mailing Address 202 LAKE MIRIAM DR. (LAKELAND 33813) P.O. BOX 6164 LAKELAND, FL 33807-3164	
DO NOT WRITE IN THIS SPACE			
		03132007 No Chg-P CRZE034 (11/05)	
		4. FEI Number 59-2577254 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, ROBERT L. 4826 KIMBALL CT W. LAKELAND, FL 33813		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:  APR 18 2007 NOTE: Registered Agent signature required when re-registering.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE	
DP SANDERS, ROBERT L. 4826 KIMBALL CT. W. LAKELAND, FL 33813			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE 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 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:  5/11/07 B636440146 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputy Phone			