

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H65285**  
 1. Entity Name  
**SANDERS AGENCY INC.**



Principal Place of Business      Mailing Address  
**202 LAKE MIRIAM DR. (LAKELAND 33813)**      **202 LAKE MIRIAM DR. (LAKELAND 33813)**  
**E12**      **P.O. BOX 6164**  
**LAKELAND, FL 33813 US**      **LAKELAND, FL 33807-3164**

**DO NOT WRITE IN THIS SPACE**



05152008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2577254</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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: *R Sanders*      DATE: 5/14/08  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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	DP SANDERS, ROBERT L. 4826 KIMBALL CT. W. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000948471  
 06/02/08-80055-025 150.00

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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: *R Sanders*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR