

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # J18397

1. Entity Name
SANSBURY REALTY, INC.



Principal Place of Business
**8660 THOUSAND PINES CIRCLE
WEST PALM BEACH FL 33411
US**

Mailing Address
**8660 THOUSAND PINES CIRCLE
WEST PALM BEACH FL 33411
US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Zip Country

4. FEI Number **59-2693380**
Applied For
Not Applicable

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

**SANSBURY, JOHN C
8660 THOUSAND PINES CIRCLE
WEST PALM BEACH FL 33411**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSTD
SANSBURY, JOHN C.
8660 THOUSAND PINES CIR.
WEST PALM BEACH FL 33411** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000703416
04/20/07-80139-014 150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
SANSBURY, JOHN C.
8660 THOUSAND PINES CIR.
WEST PALM BEACH FL 33411** ☐ Delete

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

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☐ Change ☐ Addition

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:

John C. Sansbury **John C. Sansbury** 4/10/07 561-478-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #