

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90040 031 \*\*\*150.00

**DOCUMENT # J23432**

1. Entity Name  
**SANNOR, INC.**



Principal Place of Business  
**5891 S. MILITARY TRAIL  
SUITE 5-A  
LAKE WORTH, FL 33463**

Mailing Address  
**5891 S. MILITARY TRAIL  
SUITE 5-A  
LAKE WORTH, FL 33463**

**50002470**



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2691050</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**

**EDELMAN, NORMAN P.  
5891 S. MILITARY TRAIL  
SUITE 5-A  
LAKE WORTH, FL 33463**

**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 file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS.**

TITLE	DP
NAME	EDELMAN, NORMAN P.
STREET ADDRESS	5891 S. MILITARY TRAIL
CITY - ST - ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: Norman P. Edelman - NORMAN P. EDELMAN. 2/17/06 561-433-9559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
50002470

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

SANNOR, INC.  
5891 S. MILITARY TRAIL  
SUITE 5-A  
LAKE WORTH, FL 33463

Subject: SANNOR, INC.

Reference Number: J23432

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION