

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 044 ***150.00

DOCUMENT # K03428

1. Entity Name

SANDLIN & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~3115 ATA~~ 169 ANCHOR DRIVE
VERO BEACH FL 32963

~~3115 ATA~~ 169 ANCHOR DRIVE
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

169 ANCHOR DRIVE

169 ANCHOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0020339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDLIN, WAYNE M.

~~3115 ATA~~ 169 ANCHOR DRIVE
VERO BEACH FL 32963

Name

SOME

Street Address (P.O. Box Number is Not Acceptable)

169 ANCHOR DRIVE

SOME

City SOME

FL

Zip Code SOME

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, 2006 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 ~~DIRECTOR~~ ☒ Delete
NAME SANDLIN, WAYNE M., JR.
STREET ADDRESS 169 ANCHOR DRIVE
CITY-ST-ZIP VERO BEACH FL 32963

TITLE PRESIDENT ☒ Change ☐ Addition
NAME EVA PERON
STREET ADDRESS 169 ANCHOR DRIVE
CITY-ST-ZIP VERO BEACH, FL. 32963

TITLE PRESIDENT ☐ Delete
NAME EVA PERON
STREET ADDRESS 169 ANCHOR DRIVE
CITY-ST-ZIP VERO BEACH, FL. 32963

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/06

4/12/06

772-492-7117