


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # K57211 1. Entity Name W.M. SANDERLIN & ASSOCIATES, INC.		
Principal Place of Business 738 RUGBY STREET ORLANDO, FL 32804	Mailing Address 738 RUGBY STREET ORLANDO, FL 32804	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SANDERLIN, W. M. 738 RUGBY STREET ORLANDO, FL 32804		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERLIN, W.M. 3225 GREENS AVE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERLIN, JACQUELINE 3225 GREENS AVE ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEPPER, MARILYN 115 SP ISLE TR ALTAMONTE SPRINGS, FL 32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERLIN, JOANNE 738 RUGBY STREET ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SQUILLANTE, JUDY 738 RUGBY STREET ORLANDO, FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROUHIER, CRAIG 738 RUGBY STREET ORLANDO, FL 32804	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>W.M. Sanderlin Pres.</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-25-05 Date Daytime Phone #



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2927109

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U000000336400
04/27/05-80123-018 158.75

**DO NOT WRITE
IN THIS SPACE**