


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L57345</b> 1. Entity Name <b>JAMES R. SANDERS, INC.</b>	
---	---

Principal Place of Business <b>1130 CYPRESS AVE NW LABELLE, FL 33935</b>	Mailing Address <b>1130 CYPRESS AVE NW LABELLE, FL 33935</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0185076</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANDERS, JAMES RODNEY  
1130 CYPRESS AVE NW  
LABELLE, FL 33935**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000463108 03/21/06-80058-003 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SANDERS, JAMES RODNEY 1130 CYPRESS AVE., NW LABELLE, FL 33935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT SANDERS, MELODY A 1130 CYPRESS AVE., NW LABELLE, FL 33935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: James R Sanders, X** **3-6-06 303-2625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #