[redacted] L68498

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 NOV -5 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66432825

DOCUMENT # L68498

1. Entity Name
SANKAS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BXO ~~2180~~ ST. JAMES, NY 11780	POST OFFICE BXO ~~2180~~ ST. JAMES, NY 11780

08132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Post Office Box 2160 Suite, Apt. #, etc.	Post Office Box 2160 Suite, Apt. #, etc.
City & State: St. James, NY	City & State: St. James, NY
Zip: 11780 Country:	Zip: 11780 Country:

4. FEI Number: 59-3012799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, BLAIR M 425 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PD KASPER, SANDERINA POST OFFICE BOX ~~2160~~ 2160 ST. JAMES, NY 11780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change XX Addition Vice President, Secretary Richard Kasper Post Office Box 2160 St. James, NY 11780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900042767309 11/16/04--01018--002 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ V.P. 8/25/04 (631) 724-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MEMORANDUM

Attached 66432825

TO	FROM
Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500	Sankas Associates, Inc. P.O. Box 2160 St. James, New York 11780

DATE	SUBJECT
August 25, 2004	2004 Annual Report for [redacted]

MESSAGE

Gentlemen:

Enclosed is the Corrected 2004 Annual Report.

Very truly yours,

Sankas Associates, Inc.

Cristina Smart

Cristina Smart
Office Manager

PLEASE REPLY BY _____ NO REPLY NECESSARY _____

Adams 9042

Memorandum