


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

|  |   |                                       |   |   |  |
|--|---|---------------------------------------|---|---|--|
| <b>DOCUMENT # L75948</b><br>1. Entity Name<br><b>SANDBERG KATZ ASSOCIATES, INC.</b>  |   |                                       |   |    |  |
| Principal Place of Business<br><b>6501-65TH WAY<br/>WEST PALM BEACH FL 33409<br/>US</b>  |   |                                       | Mailing Address<br><b>6501-65TH WAY<br/>WEST PALM BEACH FL 33409<br/>US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.   |   |                                       | 3. Mailing Address<br>Suite, Apt #, etc.                                    |   |  |
| City & State   |   |                                       | City & State  |   |  |
| Zip  |   | Country                               |   | 4. FEI Number <b>65-0199020</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75</b> Additional Fee Required |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>G JOY, SANDBERG K<br/>6501 65TH WAY<br/>WEST PALM BEACH FL 33409</b>  |   |                                       |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                                       |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                       |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>SANDBERG-KATZ, G. JOY</b><br><b>6501-65TH WAY</b><br><b>WEST PALM BEACH FL 33409</b> |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |   |                                       |   |   |  |
| <b>SIGNATURE:</b> <i>G. Joy Sandberg Katz</i> <b>G. JOY SANDBERG KATZ</b> <b>225-05</b>  |   |                                       |   |   |  |



1st MOORE CR2E034 (10/04)

**FL** Zip Code

1000000247145  
03/01/05-80010-016 150.00

861-301-9960