

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L98155

Entity Name: W.B. SANDERS, INC.

FILED
Feb 04, 2007
Secretary of State

Current Principal Place of Business:

5637 2ND STREET WEST
LEHIGH ACRES, FL 33971 US

New Principal Place of Business:

2259 SOUTH OLGA DR
FORT MYERS, FL 33905 US

Current Mailing Address:

5637 2ND STREET WEST
LEHIGH ACRES, FL 33971 US

New Mailing Address:

2259 SOUTH OLGA DR
FORT MYERS, FL 33905 US

FEI Number: 65-0219199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, WILLIAM
5637 2ND STREET WEST
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

SANDERS, WILLIAM
2259 SOUTH OLGA DR
FORT MYERS, FL 33905 US

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.

SIGNATURE: WILLIAM BRADLEY SANDERS

02/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANDERS, WILLIAM BARDLE
Address: 5637 2ND STREET WEST
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANDERS, WILLIAM BARDLE
Address: 2259 SOUTH OLGA DR
City-St-Zip: FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BRADLEY SANDERS

P

02/04/2007

Electronic Signature of Signing Officer or Director

Date