

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M58748

1. Entity Name
SANDERS ELECTRIC INC.



Principal Place of Business

**C/O H. DAVID SANDERS
3915 NW 164TH ST.
OPA LOCKA, FL 33054**

Mailing Address

**C/O H. DAVID SANDERS
3915 NW 164TH ST.
OPA LOCKA, FL 33054**



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0009893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, HERMAN D.
3915 NW 164 ST.
OPA LOCKA, FL 33054**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANDERS, HERMAN D.
STREET ADDRESS	3915 NW 164TH ST.
CITY-ST-ZIP	OPA LOCKA, FL
TITLE	VD
NAME	SANDERS, DEBORAH A.
STREET ADDRESS	3915 NW 164TH ST.
CITY-ST-ZIP	OPA LOCKA, FL
TITLE	ST
NAME	SANDERS, TRACI
STREET ADDRESS	3915 N.W. 164TH ST.
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/08-80011-003 150.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herman D. Sanders* **Herman D. Sanders**

30 of Jan 08 305-624-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #