


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P00000018317	
<b>1. Entity Name</b> DSANDERS, INC.	

<b>Principal Place of Business</b> 5910 GREY FOX DRIVE WINTER HAVEN, FL 33884	<b>Mailing Address</b> 5910 GREY FOX DRIVE WINTER HAVEN, FL 33884
---	---

**DO NOT WRITE IN THIS SPACE**



03132003 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3620088	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
  
SANDERS, DONALD  
5910 GREY FOX DRIVE  
WINTER HAVEN, FL 33884

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, DONALD 5910 GREY FOX DR WINTER HAVEN, FL 33884
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, DONNA 5910 GREY FOX DR WINTER HAVEN, FL 33884
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

U00000161366  
05/24/04-80005-014 150.00

**DO NOT WRITE IN THIS SPACE**

**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.

**SIGNATURE:** Donald E. Sanders Donald E. Sanders 5/21/04 863-318-0108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #