

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064003

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: SANDERSON & SON'S, INC.

## Current Principal Place of Business:

175 NORTH RIFLE RANGE RD.  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 51  
EAGLE LAKE, FL 33839

## New Mailing Address:

FEI Number: 59-2157610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOMPKINS, H. CHRISTOPHER II  
1706 SOUTH KINGS AVE.  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: SANDERSON, DEE  
Address: 175 NORTH RIFLE RANGE RD.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD ( ) Delete  
Name: SANDERSON, SONNY  
Address: 175 NORTH RIFLE RANGE RD.  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD ( ) Delete  
Name: SANDERSON, STEVE  
Address: 175 NORTH RIFLE RANGE RD.  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEE SANDERSON\

STD

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date