


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90195 003 \*\*\*150.00

<b>DOCUMENT # P00000116741</b>					
<b>1. Entity Name</b> <b>BILL SANDIDGE, INC.</b>					
<b>Principal Place of Business</b> 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062			<b>Mailing Address</b> 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		
<b>2. Principal Place of Business</b> 4250 N. Federal Hwy.		<b>3. Mailing Address</b> 4250 N. Federal Hwy.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL		<b>4. FEI Number</b> 65-1070417	
Zip 33064		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION COMPANY OF ORLANDO 300 S. ORANGE AVE., STE. 1000 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SANDIDGE, WILLIAM 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4250 N. Federal Hwy. Lighthouse Point, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DAYHOFF, MICHAEL R 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-V-AS-T-CFO 4250 N. Federal Hwy. Lighthouse Point, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, PHILIP P 1000 NORTH FEDERAL HIGHWAY POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4250 N. Federal Hwy. Lighthouse Point, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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>					
<b>SIGNATURE:</b> <i>Michael R. Dayhoff</i> VP			4/27/05 (954) 867-1234		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL R. DAYHOFF			Date Daytime Phone #		