

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90016 010 \*\*\*150.00

**DOCUMENT # P01000032585**

1. Entity Name  
**THE SANDERS GROUP, P.A.**



Principal Place of Business  
**3355 BEARSS AVE.  
 TAMPA, FL 33618**


Mailing Address  
**3355 BEARSS AVE.  
 TAMPA, FL 33618**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



02172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3706746**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANDERS, WALTER  
 3355 BEARSS AVE.  
 TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: Walter Sanders Walter Sanders 3/18/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDERS, WALTER</b> <b>3355 BEARSS AVE.</b> <b>TAMPA, FL 33618</b> <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	<b>D</b> <b>SANDERS, LINDA</b> <b>3355 BEARSS AVE.</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Walter Sanders 3/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #