

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90091 038 ***150.00

| | | | | | |
|--|----------------------------------|---|--|--|--|
| DOCUMENT # P01000079196 | | | | | |
| 1. Entity Name SANDERS BRADFORD & ARMSTRONG COMPANY | | | | | |
| Principal Place of Business 3180 WALTER TRAVIS DR. SARASOTA, FL 34240 | | | Mailing Address 3180 WALTER TRAVIS DR. SARASOTA, FL 34240 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-1129967 | |
| Zip | | Country | | Zip | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILSON, MICHAEL J 200 S ORANGE AVE SARASOTA, FL 34236 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P | NAME CORNETET, JAMES A | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 3180 WALTER TRAVIS DRIVE | SARASOTA, FL 34240 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY - ST - ZIP | SARASOTA, FL 34240 | | CITY - ST - ZIP | | |
| TITLE ST | NAME CORNETET, KIM | | <input type="checkbox"/> Delete | | |
| STREET ADDRESS 3180 WALTER TRAVIS DRIVE | SARASOTA, FL 34240 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY - ST - ZIP | SARASOTA, FL 34240 | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY - ST - ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: | | | 3/14/05 941 342 8460 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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03072005 Chg-P CR2E034 (10/03)