
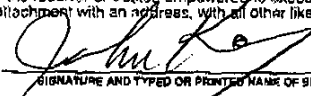


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 004 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000023861					
1. Entity Name SANDRIDGE, INC.					
Principal Place of Business 945 SEBASTIAN BLVD, STE. 6 SEBASTIAN, FL 32958			Mailing Address PO BOX 780942 SEBASTIAN, FL 32978		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 03-0412395			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KING, JOHN A 945 SEBASTIAN BLVD, STE. 6 SEBASTIAN, FL 32958			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 relinquishing) <small>Signature, typed or printed name of registered agent next to it, if applicable.</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	0 KING, JOHN A 945 SEBASTIAN BLVD, STE. 6 SEBASTIAN, FL 32958 <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	
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	
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 807, 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: 			4/30/04 772-585-3054		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

54047897

P02000023861



**Harris, Cotherman,
Jones, Price & Associates**
Certified Public Accountants - Chartered

5070 North Highway A1A, Suite 250
Vero Beach, FL 32963
Phone 772-234-8484
Fax 772-234-8488

THESE ARE YOUR INSTRUCTIONS FOR FILING

2004 ANNUAL REPORT

TAXPAYER SANDRIDGE, INC.

YEAR 2004

DUE DATE: This report must be **received** and filed by the Department of State on or before **May 1, 2004**. Please mail the form early enough to allow sufficient time for delivery by the due date.

TAX DUE: **\$150.00** should be made payable to
FLORIDA DEPARTMENT OF STATE.

SIGNATURE: The return should be signed and dated on line 12 at the bottom of the page by **AN OFFICER OF THE CORPORATION.**

MAILING INSTRUCTIONS: The return should be mailed in the enclosed envelope via **certified mail, return receipt requested**, to:

**DIVISION OF CORPORATIONS
POST OFFICE BOX 1500
TALLAHASSEE, FLORIDA 32302-1500**

COMMENTS: Please verify that the registered agents and officer information is **correct.**

If you should have any questions regarding your return, please contact our office at 234-8484.

4/30/04

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