

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2006 08:00 AM
Secretary of State

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



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0412395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, JOHN A
945 SEBASTIAN BLVD, STE. 6
SEBASTIAN, FL 32958

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000423065

02/21/06-80073-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KING, JOHN A
STREET ADDRESS	945 SEBASTIAN BLVD, STE. 6
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06
Date

772-589-3054
Daytime Phone #