

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000026409

1. Entity Name
SANDHILL ENTERPRISES, INC.



Principal Place of Business
6700 SPARTA RD.
SEBRING, FL 33875

Mailing Address
6700 SPARTA RD.
SEBRING, FL 33875

FILED
Jan 29, 2005 08:00 AM
Secretary of State



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0574475	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

MCCOLLUM & RINALDO, P.L.
129 SOUTH COMMERCE AVE.
SEBRING, FL 33870

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAILEY, WILLIAM C
STREET ADDRESS	6700 SPARTA RD.
CITY-ST-ZIP	SEBRING, FL 33875

TITLE	D
NAME	DAILEY, CHRISTINE
STREET ADDRESS	6700 SPARTA RD.
CITY-ST-ZIP	SEBRING, FL 33875

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000203856
01/29/05-80042-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 863-385-4242
Date Daytime Phone #