

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000115671

1. Entity Name
SANDEFUR DISTRIBUTORS, INC.



Principal Place of Business
**3172 NORTH ANDREWS EXTENSION
POMPAÑO BEACH, FL 33064**

Mailing Address
**3172 NORTH ANDREWS EXTENSION
POMPAÑO BEACH, FL 33064**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0652778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDEFUR, GREGORY C
3172 NORTH ANDREWS EXTENSION
POMPAÑO BEACH, FL 33064**

**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, 2007 Fee will be \$550.00**

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

U000000655937
03/14/07-80006-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTSD SANDEFUR, GREGORY C 3172 NORTH ANDREWS EXTENSION POMPAÑO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDEFUR, KIM R 3172 NORTH ANDREWS EXTENSION POMPAÑO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Gregory C. Sandefur* **GREGORY C. SANDEFUR** 2-28-07 954-972-2855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CEO