


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000116682 1. Entity Name SANDERS TRAVEL INC.	
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Principal Place of Business 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208	Mailing Address 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE



05252004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3878534	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERS, WILLIE L 12693 SAMSON ROAD JACKSONVILLE, FL 32218	DO NOT WRITE IN THIS SPACE
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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 *Willie L Sanders* DATE 5-25-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDERS, WILLIE L 12693 SAMSON ROAD JACKSONVILLE, FL 32118
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05/27/04-80002-018 150.00

**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: *Willie L Sanders* DATE 5-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR