

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90074 008 ***150.00

DOCUMENT # P03000015440 1. Entity Name JILL SANBORN & ASSOCIATES, INC.																													
Principal Place of Business 1651 SAND KEY ESTATES CT 77 CLEARWATER, FL 33767			Mailing Address 1651 SAND KEY ESTATES CT 77 CLEARWATER, FL 33767																										
2. Principal Place of Business 11590 Seminole Blvd Suite, Apt. #, etc. A-13		3. Mailing Address P.O. Box 4585 Suite, Apt. #, etc.																											
City & State Largo, FL Zip 33778 Country US		City & State Seminole FL. Zip 33775 Country US		4. FEI Number 59-3764636 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 SANBORN, JILL 1651 SAND KEY ESTATES CT # 77 CLEARWATER, FL 33767			7. Name and Address of New Registered Agent Name SANBORN, JILL Street Address (P.O. Box Number is Not Acceptable) 11590 Seminole Blvd City Largo FL Zip Code 33778																										
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 <u>Jill Sanborn</u> <u>Jill Sanborn</u> <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANBORN, JILL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1651 SAND KEY ESTATES CT # 77</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33767</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	SANBORN, JILL		STREET ADDRESS	1651 SAND KEY ESTATES CT # 77		CITY-ST-ZIP	CLEARWATER, FL 33767		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT CEO</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SANBORN, JILL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11590 Seminole Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Largo, FL 33778-3204</td> <td></td> </tr> </table>			TITLE	PRESIDENT CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SANBORN, JILL		STREET ADDRESS	11590 Seminole Blvd.		CITY-ST-ZIP	Largo, FL 33778-3204	
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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: <u>Jill Sanborn</u> <u>4/26/05</u> <u>727-392-4814</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													