

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000038208

1. Entity Name
SANDY PINES OF MADISON, INC.



Principal Place of Business

**134 SE COLBURN AVE
LAKE CITY, FL 32025**

Mailing Address

**134 SE COLBURN AVE
LAKE CITY, FL 32025**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0467890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCAFF, STAFFORD L JR
134 SE COLBURN AVE
LAKE CITY, FL 32025**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCAFF, STAFFORD L JR.
STREET ADDRESS	134 SE COLBURN AVE
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	D
NAME	SCAFF, ANNE C
STREET ADDRESS	134 SE COLBURN AVE
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000662665

03/21/07-80022-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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]

ANNE C. SCAFF

2-09-07

386752-7344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #