

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90055 029 \*\*\*150.00

**DOCUMENT # P03000057136**

1. Entity Name  
**L & R SAUNDERS PROFESSIONAL ENTERPRISE GROUP  
INC.**



Principal Place of Business  
**216 PARK BLVD. SOUTH  
VENICE, FL 34285**

Mailing Address  
**216 PARK BLVD. SOUTH  
VENICE, FL 34285**

**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**57-1168364**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAUNDERS, JONATHAN R  
905 ALBEE ROAD  
NOKOMIS, FL 34275**

**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 restate)

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 NAME STREET ADDRESS CITY - ST - ZIP	PD SAUNDERS, RUTH A 216 PARK BLVD. SOUTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SAUNDERS, JONATHAN R 216 PARK BLVD. SOUTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PENNER, BRENDA 216 PARK BLVD. SOUTH VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #