## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 06, 2006 08:00 AM DOCUMENT # P03000099346 Secretary of State DENNY SANDERS CONSTRUCTION, INC. Principal Place of Business Mailing Address 822 TECH DRIVE 822 TECH DRIVE LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4267435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDERS, H. DENNY DO NOT WRITE **822 TECH DRIVE** LYNN HAVEN, FL, FL 32444 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 DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000378508 SANDERS, H. DENNY NAME 01/09/06-80009-009 150.00 STREET ADDRESS 822 TECH DRIVE CITY-ST-ZIP LYNN HAVEN, FL 32444 v TITLE SANDERS, JULIE B NAME STREET ADDRESS 822 TECH DRIVE CITY-ST-ZIP LYNN HAVEN, FL 32444 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 type 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPES OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR DELECTION DELECTION