


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P03000124379</b><br>1. Entity Name<br><b>SANDERS &amp; SONS BUILDERS, INC.</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>11000 HWY. 87 NORTH<br/>MILTON FL 32570</b>   |  |  | Mailing Address<br><b>11000 HWY. 87 NORTH<br/>MILTON FL 32570</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                         |   |  |
| City & State  |  |  | City & State  |   |  |
| Zip   |  | Country  |   | Zip   |  |
| Country   |  | Country  |   | 4. FEI Number <b>59-2901924</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SANDERS, RICHARD M<br/>11000 HWY. 87 NORTH<br/>MILTON FL 32570</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)  |  |  |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing<br/>           Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00 May Be Added to Fees</b> </div> </div> |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>SANDERS, RICHARD M<br/>11000 HWY. 87 NORTH<br/>MILTON FL 32570</b> | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <div style="text-align: center;"> <b>000000409648</b><br/> <b>02/09/06-00004-008 150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Add   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Add | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Add | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Add | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Add | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Add | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Richard M Sanders* **Richard M Sanders** 1-27-06 850 675-3627