


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P03000152710</b>                                    |  |
| 1. Entity Name<br><b>DEREK SANDERS SALES &amp; SERVICES, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>1730 NORTH MAIN STREET<br/>BELL FL 32619</b> | Mailing Address<br><b>POST OFFICE BOX 383<br/>BELL FL 32619</b> |
|--|---|



1st MOORE CR2E034 (10/04)

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt #, etc.             |         | Suite, Apt #, etc. |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>56-2425534</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>               |
| <b>SANDERS, DEREK H<br/>1700 NORTH MAIN STREET<br/>BELL FL 32619</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| FL Zip Code  |

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 re-instating) | DATE |
|-----------|---|------|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | PTD <input type="checkbox"/> Delete |
| NAME                       | <b>SANDERS, DEREK H</b>             |
| STREET ADDRESS             | <b>POST OFFICE BOX 385</b>          |
| CITY- ST- ZIP              | <b>BELL FL 32619</b>                |
| TITLE                      | D <input type="checkbox"/> Delete   |
| NAME                       | <b>ROSE, DERRICK L</b>              |
| STREET ADDRESS             | <b>POST OFFICE BOX 385</b>          |
| CITY- ST- ZIP              | <b>BELL FL 32619</b>                |
| TITLE                      | VSD <input type="checkbox"/> Delete |
| NAME                       | <b>SANDERS, MATTIE A</b>            |
| STREET ADDRESS             | <b>POST OFFICE BOX 385</b>          |
| CITY- ST- ZIP              | <b>BELL FL 32619</b>                |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY- ST- ZIP              |                                     |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY- ST- ZIP              |                                     |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY- ST- ZIP              |                                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY- ST- ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

|  |               |                     |
|--|---------------|---------------------|
| <b>SIGNATURE:</b>  <b>Derek Sanders</b> | <b>3-9-05</b> | <b>352-463-6198</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | Date          | Daytime Phone #     |