


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000038295 1. Entity Name VIRGINIA SANDERSON, P.A.	
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Principal Place of Business 432 64TH ST. NORTH ST. PETERSBURG, FL 33710	Mailing Address 432 64TH ST. NORTH ST. PETERSBURG, FL 33710
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0863593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERSON, VIRGINIA 432 64TH ST. NORTH ST. PETERSBURG, FL 33710

**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 <i>Virginia Sanderson P.A.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	VIRGINIA SANDERSON - D <small>(NOTE: Registered Agent signature required when reinstating)</small>	1-25-07 <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERSON, VIRGINIA 432 64TH ST. NORTH ST. PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANDERSON, WALTER L 432 64TH ST. NORTH ST. PETERSBURG, FL 33710
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**DO NOT WRITE
IN THIS SPACE**

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02/20/07-80023-009 150.00

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: <i>Virginia Sanderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	VIRGINIA SANDERSON - D <small>Date</small>	1-25-07 <small>Daytime Phone #</small>