## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000167913

Entity Name: JOYCE D. SANDERS, P.A.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3397 GRAY FOX COVE 275 HIGH CASTLE LANE APOPKA, FL 32703 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

3397 GRAY FOX COVE 275 HIGH CASTLE LANE APOPKA, FL 32703 LONGWOOD, FL 32779

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANDERS, JOYCE D
3397 GRAY FOX COVE
APOPKA, FL 32703 US
SANDERS, JOYCE D
275 HIGH CASTLE LANE
LONGWOOD, FL 32779 US

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.

SIGNATURE: 04/20/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition Name: SANDERS, JOYCE D Name: SANDERS, JOYCE D

Address: 3397 GRAY FOX COVE Address: 275 HIGH CASTLE LANE
City-St-Zip: APOPKA, FL 32703 City-St-Zip: LONGWOOD, FL 32779

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 SANDERS, VINSON
 Name:
 SANDERS, VINSON

 Address:
 3397 GRAY FOX COVE
 Address:
 275 HIGH CASTLE LANE

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE SANDERS PST 04/20/2006