


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90030 013 ***150.00

DOCUMENT # P04000169008	
1. Entity Name SANMAC INVESTMENTS, INC.	

Principal Place of Business 2293 SW DOVE CANYON WAY PALM CITY, FL 34990	Mailing Address 2293 SW DOVE CANYON WAY PALM CITY, FL 34990
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 57	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm City, FL	
Zip	Country	Zip 34991-0057	Country USA



02062007 Chg-P CR2E034 (12/06)

4. FEI Number 41-2160442		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDOW, SCOTT D 2293 SW DOVE CANYON WAY PALM CITY, FL 34990		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 *Scott D Sandow* VP & Owner DATE 2/6/07

Signature of person or printed name of registered agent and fee if applicable. NOTE: Registered Agent signature required when term change.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACMANNIS, KENNETH L JR 6198 SE BLACK OAK LN STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDOW, SCOTT D 2293 SW DOVE CANYON WAY PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Scott D Sandow* DATE 2/6/07 TELEPHONE 772-240-9618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR