


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000055077</b>	
1. Entity Name <b>SANO INC.</b>	

Principal Place of Business <b>5310 FIRESTONE ROAD JACKSONVILLE, FL 32210 US</b>	Mailing Address <b>3389 VICTORIA LAKES DR. N JACKSONVILLE, FL 32226 US</b>
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2816692</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WOODY, MIE S  
3389 VICTORIA LAKES DR. N  
JACKSONVILLE, FL 32226**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000944209 05/29/08-80089-021 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>WOODY, RYAN G</b>
NAME	
STREET ADDRESS	<b>3389 VICTORIA LAKES DR. N</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32226</b>
TITLE <b>VP</b>	<b>WOODY, MIE S</b>
NAME	
STREET ADDRESS	<b>3389 VICTORIA LAKES DR. N</b>
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32226</b>
TITLE	
NAME	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Ryan G Woody* **4-30-08** **904 504 1017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #