

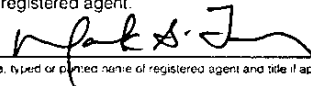



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90024 044 \*\*\*150.00

DOCUMENT # P05000067871					
1. Entity Name R SANDERS, INC.					
Principal Place of Business 5908 GREY FOX DR WINTER HAVEN, FL 33884 US			Mailing Address PO BOX 7166 WINTER HAVEN, FL 33883 US		
2. Principal Place of Business 6039 Cypress Gardens Blvd. Suite, Apt. #, etc.		3. Mailing Address 6039 Cypress Gardens Blvd. Suite, Apt. #, etc.		 04132006 Chg-P CR2E034 (11/05)	
City & State Winter Haven, FL		City & State Winter Haven, FL		4. FEI Number 20-2817872	
Zip 33884		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROFESSIONAL TAX CONSULTANTS, INC. 112 AVENUE E SW WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Mark G. Turner Street Address (P.O. Box Number is Not Acceptable) 255 Magnolia Avenue, Southwest City Winter Haven FL Zip Code 33880			
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 		MARK G. TURNER, ESQUIRE		5/15/2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUPIANO, LORI 2107 JONATHAN LN WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANDERS TRUPIANO, LORRAINE 6039 Cypress Gardens Boulevard Winter Haven, Florida 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDERS, ROBERT R 5908 GREY FOX DR WINTER HAVEN, FL 33884	<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	S YOST, RONALD A 112 AVENUE E SW WINTER HAVEN, FL 33880	<input checked="" 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		LORRAINE TRUPIANO SANDERS 863-325-8254		5/15/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

**ATTACHMENT**  
**STRAUGHN, STRAUGHN & TURNER, P.A.**  
ATTORNEYS AND COUNSELORS AT LAW

**RICHARD E. STRAUGHN**  
**MARK G. TURNER**  
**PAUL L. KUTCHER\*Δ**  
**J. KEMP BRINSON**

**JACK STRAUGHN**  
**(1925-2000)**

\* ALSO ADMITTED IN PENNSYLVANIA  
Δ CERTIFIED CIRCUIT & COUNTY CIVIL MEDIATOR

255 MAGNOLIA AVENUE SW  
WINTER HAVEN, FLORIDA  
33880

40093157  
#P05000067871

**MAILING ADDRESS:**  
**POST OFFICE BOX 2295**  
**WINTER HAVEN, FLORIDA**  
**33863-2295**  
**TELEPHONE: (863) 293-1184**  
**FAX: (863) 293-3051**  
rstraughn@sstlegal.com  
mturner@sstlegal.com  
pkutcher@sstlegal.com  
kbrinson@sstlegal.com

May 15, 2006

Division of Corporations  
Annual Report Filings  
P.O. Box 6198  
Tallahassee, FL 32314

RE: R Sanders, Inc./  
2004 Uniform Business Report  
Our File No.: 4011/004

Dear Clerk:

Please find enclosed for filing an original 2006 For Profit Corporation Annual Report concerning the above corporation. Further enclosed is my client's check #514, made payable to the Florida Department of State in the sum of \$150.00, which represents the filing fee.

As the Uniform Business Report postcard reminder was not received by this corporation, I am requesting that any late fee be waived. Please change your records to reflect the correct mailing address of this corporation, as set forth on the annual report.

Should you have any questions whatsoever, please do not hesitate to contact me.

With kindest regards,

STRAUGHN, STRAUGHN & TURNER, P.A.

**MARK G. TURNER**

MARK G. TURNER  
(stamped in my absence to avoid delay)

MGT/djb/bjk  
enclosures

cc: Lorraine Trupiano Sanders  
corporate kit

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