

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90383 047 \*\*\*150.00



1st MOORE CR2E034 (10/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 |                                                                           |                                                                                                                        |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000127212</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 |                                                                           |                                       |                                                                              |
| 1. Entity Name<br><b>SANDERS &amp; SANDERS HEARTLAND, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 |                                                                           |                                                                                                                        |                                                                              |
| Principal Place of Business<br><b>4905 GARLAND AVENUE<br/>SEBRING FL 33875<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                 | Mailing Address<br><b>4905 GARLAND AVENUE<br/>SEBRING FL 33875<br/>US</b> |                                                                                                                        |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                                 | 3. Mailing Address                                                        |                                                                                                                        |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      |                                 | Suite, Apt. #, etc.                                                       |                                                                                                                        |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                 | City & State                                                              |                                                                                                                        |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                              | Zip                             | Country                                                                   | 4. FEI Number<br><b>20-3481801</b>                                                                                     |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 |                                                                           | Applied For<br>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<br><b>SANDERS, MILDRED J<br/>4905 GARLAND AVENUE<br/>SEBRING FL 33875</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                 | 7. Name and Address of New Registered Agent                               |                                                                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                 | 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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                 |                                                                           |                                                                                                                        |                                                                              |
| FILE NOW!!! FEE IS \$150.00.<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                      |                                 |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>SANDERS, ROBERT E<br>4905 GARLAND AVENUE<br>SEBRING FL 33875    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | SANDERS, ROBERT E<br>1213 GARLAND AVENUE<br>SEBRING, FL 33875-1311                                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S/T<br>SANDERS, MILDRED J<br>4905 GARLAND AVENUE<br>SEBRING FL 33875 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | ST SANDERS, MILDRED J.<br>1213 GARLAND AVENUE<br>SEBRING, FL 33875-1311                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | VP<br>SANDERS, ROBERT E. JR.<br>1213 GARLAND AVE<br>SEBRING, FL 33875-1311                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            |                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: <u>Mildred J. Sanders</u> MILDRED J. SANDERS 03/24/06 863-381-4250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                 |                                                                           |                                                                                                                        |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                                 |                                                                           |                                                                                                                        |                                                                              |