

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000127212

1. Entity Name
SANDERS & SANDERS HEARTLAND, INC.



Principal Place of Business
**4905 GARLAND AVENUE
SEBRING, FL 33875 US**

Mailing Address
**4905 GARLAND AVENUE
SEBRING, FL 33875 US**



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3481801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SANDERS, MILDRED J
4905 GARLAND AVENUE
SEBRING, FL 33875**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDERS, ROBERT E 1213 GARLAND AVE SEBRING, FL 338751311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SANDERS, MILDRED J 1213 GARLAND AVE SEBRING, FL 338751311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, ROBERT E JR 1213 GARLAND AVE SEBRING, FL 338751311
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/13/07-80105-P05 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Mildred J. Sanders MILDRED J. SANDERS 03/01/07 863-381-4250
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #