

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 047 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 4238 Commercial Dr.		3. Mailing Address 1213 Garland Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sebring, FLORIDA		City & State Sebring, FLORIDA	
Zip 33875		Zip 33875	
Country USA		Country USA	
4. FEI Number 20-3481801		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 SANDERS, MILDRED J 4905 GARLAND AVENUE SEBRING, FL 33875		7. Name and Address of New Registered Agent Name MILDRED J. SANDERS Street Address (P.O. Box Number is Not Acceptable) 1213 Garland Avenue City SEBRING FL Zip Code 33875	
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 <u><i>Mildred J. Sanders</i></u> DATE <u>03/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P SANDERS, ROBERT E 1213 GARLAND AVE SEBRING, FL 338751311 *	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33875-1314
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33875-1314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, ROBERT E JR 1213 GARLAND AVE SEBRING, FL 338751311 *	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33875-1314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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: <u><i>Mildred J. Sanders</i></u> (MILDRED J. SANDERS)		Date <u>03/26/08</u> Daytime Phone # <u>863-381-4250</u>	