


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

08-08-2008 90016 026 \*\*\*\*35.00  
P06000022871

DOCUMENT # P06000022871

1. Entity Name  
Sanco Builders and Developers, Inc.



**FILED**  
**08 AUG 19 AM 10:31**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**40112975**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
2523 Seven Springs Blvd.

3. Mailing Address  
2523 Seven Springs Blvd.

Suite, Apt. #, etc.

300134952292  
08/26/08--01011--001 \*\*26.25  
CR2E034B (5/07)

City & State  
Trinity, FL

City & State  
Trinity, FL

Zip  
34655

Country  
USA

4. FEI Number  
20-4299794

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Tamara Carlson

Street Address (P.O. Box Number is Not Acceptable)  
2523 Seven Springs Blvd.

City  
Trinity, FL

FL Zip Code  
34655

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 Immar Carl DATE 8/2/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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	<u>President Richard Carlson 2523 Seven Springs Blvd. Trinity, FL 34655</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Joseph Carlson 2523 Seven Springs Blvd. Trinity, FL 34655</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Treasurer Tamara Carlson 2523 Seven Springs Blvd. Trinity, FL 34655</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tamara Carl DATE 8/2/08 DAYTIME PHONE # 727-372-5717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR