

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000100868

1. Entity Name
L & T SANDERS MANAGEMENT CORP.



Principal Place of Business
2191 US HWY. 1
TITUSVILLE, FL 32796

Mailing Address
2191 US HWY. 1
TITUSVILLE, FL 32796

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5349836

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANDERS, LOUIS
2191 US HWY. 1
TITUSVILLE, FL 32796

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000955627

07/18/08-80005-016 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANDERS, LOUIS
STREET ADDRESS P. O. BOX 337
CITY-ST-ZIP SCOTTSMOOR, FL 32775

TITLE VSTD
NAME SANDERS, TERESA
STREET ADDRESS P. O. BOX 337
CITY-ST-ZIP SCOTTSMOOR, FL 32775

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption 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 has 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

Teresa Sanders

TERESA SANDERS
DIRECTOR

7/15/8 (321) 264 1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Exempt from Filing