

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2007 90054 034 \*\*\*150.00  
P06000117093

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000117093</b> 1. Entity Name <b>SASHAS DOLLAR PLUS INC</b>					
Principal Place of Business <b>2484 SANFORD BOULEVARD SANFORD, FL 32771</b>			Mailing Address <b>2484 SANFORD BOULEVARD SANFORD, FL 32771</b>		
2. Principal Place of Business - No P.O. Box # <b>1191 SR 436 West</b>		3. Mailing Address <b>139 CASA MARINA PL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Altamonte Springs FL</b>		City & State <b>SANford FL</b>		4. FEI Number <b>005508262</b>	
Zip <b>32714</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32771</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, GEORGE L 2484 SANFORD BOULEVARD SANFORD, FL 32771</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <b>George WRIGHT</b> <small>(NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>WRIGHT, GEORGE L 2484 SANFORD BOULEVARD SANFORD, FL 32771</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>George WRIGHT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>04-26-2007</b> <small>Date</small> Day Phone <b>646 372 4828</b> <small>Daytime Phone #</small>		