


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/ **FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90415 048 \*\*\*150.00

<b>DOCUMENT # P93000000116</b>	
1. Entity Name <b>SAUNDERS MANAGEMENT, INC.</b>	

Principal Place of Business <b>74 GOLFVIEW DR TEQUESTA, FL 33469 US</b>	Mailing Address <b>P.O. BOX 8157 JUPITER, FL 33468 US</b>
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**66020206**



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0095157</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MARSHALL SAUNDERS 1890 SW WILLOWBEND LANE PALM CITY, FL 34990</b>
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**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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEB IS \$150.00  
After May 1, 2005 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	<b>P SAUNDERS, MARSHALL S. 1890 SW WILLOWBEND LANE PALM CITY, FL 34990</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Marshall S. Sanders for 4-30-05 561-124-3392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #