

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90288 036 ***150.00

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04192005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000018847					
1. Entity Name SAN-MAC, INC.					
Principal Place of Business 35496 HW 27 N HAINES CITY, FL 33844			Mailing Address 35496 HW 27 N HAINES CITY, FL 33844		
2. Principal Place of Business 110 Orange Street Suite, Apt. #, etc. Davenport, Florida City & State		3. Mailing Address 4205 Country Club Rd Suite, Apt. #, etc. Winter Haven, Fl. City & State		4. FEI Number 65-0082550	
Zip 33837		Country USA		Zip 33831	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACLEAN-BEST, SANDRA 35496 HWY 27 N HAINES CITY, FL 33844			7. Name and Address of New Registered Agent Name MacLean-Best, Sandra Street Address (P.O. Box Number is Not Acceptable) 4205 Country Club Road City Winter Haven FL Zip Code 33881		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DPST MACLEAN-BEST, SANDRA PO BOX 3763 HAINES CITY, FL 33845	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MacLean-Best, Sandra 4205 Country Club Road Winter Haven, Fl. 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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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"/> Change <input type="checkbox"/> Addition			
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: <u>Sandra MacLean-Best Sandra macLean-Best</u> <u>April 19/05 863 402 1770</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					