

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 014 ***158.75

DOCUMENT # P94000034934

1. Entity Name

SANFORD HOUSE, INC.



Principal Place of Business

100 N MAPLE AVE
SANFORD FL 32771
US

Mailing Address

100 N MAPLE AVE
SANFORD FL 32771
US



2. Principal Place of Business - No P.O. Box #

706 W 1st ST

3. Mailing Address

706 W 1st ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

SANFORD FL

City & State

SANFORD FL

4. FEI Number

59-3242003

Applied For

Not Applicable

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAGE, JOHN E
100 N MAPLE AVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

JOANNE DRAGE

Street Address (P.O. Box Number is Not Acceptable)

706 W 1st ST

City

SANFORD

FL

Zip Code

32771

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]

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	DRAGE, JOANNE R	
STREET ADDRESS	100 N MAPLE AVE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	DRAGE, THOMAS B	
STREET ADDRESS	100 N MAPLE AVE	
CITY - ST - ZIP	SANFORD FL 32771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRAGE, JOHN E	
STREET ADDRESS	1108 WEBSTER ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07 407-947-8338

Date

Daytime Phone #