

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050149

FILED
Apr 08, 2008
Secretary of State

Entity Name: SANFORD PLAZA, INC. OF DELTONA

Current Principal Place of Business:

2921 S. ORLANDO DR
SUITE 220
SANFORD, FL 32773

New Principal Place of Business:

2251 CELERY AVENUE
SANFORD, FL 32771

Current Mailing Address:

P.O. BOX 543
SANFORD, FL 32772

New Mailing Address:

FEI Number: 59-3322997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STAN J
2921 S. ORLANDO DR
SUITE 220
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

SMITH, STAN J
2251 CELERY AVENUE
SANFORD, FL 32771 US

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.

SIGNATURE:

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, STAN J
Address: 2921 S. ORLANDO DRIVE
City-St-Zip: SANFORD, FL 32772

Title: VPD () Delete
Name: HACKERT, THOMAS J
Address: 2921 S. ORLANDO DRIVE
City-St-Zip: SANFORD, FL 32772

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, STAN J
Address: 2251 CELERY AVENUE
City-St-Zip: SANFORD, FL 32771

Title: VP (X) Change () Addition
Name: SMITH, SAMUEL
Address: 2251 CELERY AVENUE
City-St-Zip: SANFORD, FL 32771

Title: SEC () Change (X) Addition
Name: HACKERT, THOMAS
Address: 2251 CELERY AVENUE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN J. SMITH

PD

04/08/2008

Electronic Signature of Signing Officer or Director

Date