

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065429

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: SANDERS BROTHERS ELECTRIC, INC.

## Current Principal Place of Business:

8195 KIPLING ST  
PENSACOLA, FL 325147441 US

## New Principal Place of Business:

## Current Mailing Address:

8195 KIPLING ST  
PENSACOLA, FL 325147441 US

## New Mailing Address:

FEI Number: 59-3345773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANDERS, JOHN P  
10205 HOLSBERRY RD.  
PENSACOLA, FL 325341340 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SANDERS, JOHN P  
Address: 10205 HOLSBERRY RD  
City-St-Zip: PENSACOLA, FL 325341340

Title: DST ( ) Delete  
Name: GARZA, GARY A  
Address: 10205 HOLSBERRY RD.  
City-St-Zip: PENSACOLA, FL 32534

Title: VP ( ) Delete  
Name: SANDERS, EDWARD J  
Address: 1202 BRAD THOMAS DR  
City-St-Zip: GULF BREEZE, FL 32561

Title: VP ( ) Delete  
Name: SANDERS, THOMAS G  
Address: 5487 MARANTHA WAY  
City-St-Zip: PACE, FL 32571

Title: VP ( ) Delete  
Name: SIMMONS, ALBERT T  
Address: 1907 CHURCH ST  
City-St-Zip: GULF BREEZE, FL 32561

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN P SANDERS

PD

01/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date