


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000024302		
1. Entity Name SANDLAKE ENTERPRISES, INC.		

Principal Place of Business 5542 SAGO PALM DR ORLANDO FL 32819	Mailing Address 5542 SAGO PALM DR ORLANDO FL 32819
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-3367938	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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Name		Street Address (P.O. Box Number is Not Acceptable)	
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City		Zip Code	
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HODGES, GEOFFREY W SR 5542 SAGO PALM DRIVE ORLANDO FL 32819			
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FL			
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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.	
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SIGNATURE _____		DATE _____	
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Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	BYCZKIEWICZ, WANDA L	<input type="checkbox"/> Delete	NAME	U00000037314
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STREET ADDRESS	5542 SAGO PALM DRIVE	<input type="checkbox"/> Delete	STREET ADDRESS	02/06/04-80093-014 150.00
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CITY-ST-ZIP	ORLANDO FL 32819	<input type="checkbox"/> Delete	CITY-ST-ZIP	
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TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	HODGES, GEOFFREY N	<input type="checkbox"/> Delete	NAME	
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STREET ADDRESS	5542 SAGO PALM DRIVE	<input type="checkbox"/> Delete	STREET ADDRESS	
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CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	
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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.			
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SIGNATURE: GEOFFREY W. HODGES			
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
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Date: 2-4-04 Phone: 407-354-3076			
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