

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2008 8:00 am
Secretary of State


06-02-2008 90006 022 ***150.00

DOCUMENT # P97000000025					
1. Entity Name SANIBEL SERVICENTERS, INC.					
Principal Place of Business 1015 PERIWINKLE WAY SANIBEL, FL 33957			Mailing Address 3030 SHELDBORNE ROAD SHELburne, VT 05402		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 592 Lighthouse Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Sanibel, FL			
Zip	Country	Zip 33957	Country US	4. FEI Number 65-0731892	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWELL SPILLANE 592 LIGHTHOUSE WAY SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: DATE: 6/30/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SPILLANE, LOWELL T 592 LIGHTHOUSE WAY SANIBEL, FL 33957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SPILLANE, SUSAN G 592 LIGHTHOUSE WAY SANIBEL, FL 33957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:				DATE: 6/30/2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/2/2008-90006-022-\$150.00-\$150.00

ATTACHMENT

DOCUMENT # P97000000025			
1. Entity Name SANIBEL SERVICENTERS, INC.			
Principal Place of Business 1015 PERIWINKLE WAY SANIBEL, FL 33957		Mailing Address 3038 SHELBORNE ROAD SHELBORNE, VT 05482 <i>592 Light, Sanibel, FL 33957</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
05142008		Chg-P CR2E034 (12/06)	
4. FEI Number 65-0731892		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOWELL, SPILLANE T 592 LIGHTHOUSE WAY SANIBEL, FL 33957		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> DATE <i>5-28-08</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SPILLANE, LOWELL T 592 LIGHTHOUSE WAY SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SPILLANE, SUSAN G 592 LIGHTHOUSE WAY SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition