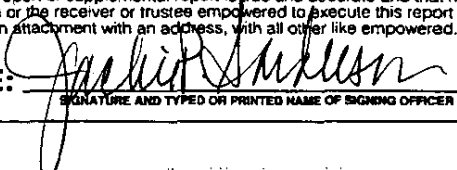


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

03-29-2004 90030 030 ***150.00

DOCUMENT # P97000092428					
1. Entity Name JACKIE SANDERSON REAL ESTATE, INC.					
Principal Place of Business 1205 W. HARVARD ST. ORLANDO			Mailing Address PO BOX 628 WINTER PARK FL 32790		
2. Principal Place of Business 1309 Wilfred Drive Suite, Apt. #, etc.			3. Mailing Address 1309 Wilfred Drive Suite, Apt. #, etc.		
City & State Orlando FL.			City & State Orlando FL		
Zip 32803		Country		4. FEI Number 59-3479457	
Zip 32803		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LETITIA E. WOOD, P.A. 200 E ROBINSON ST SUITE 500 ORLANDO FL 32801				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 _____ 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, 2004 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D ☐ Delete NAME: SANDERSON, JACQUELINE P STREET ADDRESS: 1680 SPRUCE AVE CITY-ST-ZIP: WINTER PARK FL 32789				TITLE: P ☒ Change ☐ Addition NAME: Sanderson, Jacqueline P. STREET ADDRESS: 1846 Fairway Drive CITY-ST-ZIP: Winter Park, FL 32792	
TITLE: VP ☐ Delete NAME: SANDERSON, SUZY C STREET ADDRESS: 1925 MAPLEWOOD DR CITY-ST-ZIP: ORLANDO FL 32803				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 	
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.					
SIGNATURE:  Jackie P. Sanderson 4/5/2004 407-897-7007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					