

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90084 029 \*\*\*150.00

**DOCUMENT # P97000108069**

1. Entity Name  
LYNDA SEXTON SANDERS, CPA, PA



Principal Place of Business

6110 SR 207  
ELKTON, FL 32033

Mailing Address

PO BOX 670  
HASTINGS, FL 32145

**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3490395

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, LYNDA SEXTON  
6110 SR 207  
ELKTON, FL 32033

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SANDERS, LYNDA SEXTON  
STREET ADDRESS 6110 SR 207  
CITY-ST-ZIP ELKTON, FL 32033

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05 904-471-6606