

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 29 PM 11:13

**DOCUMENT # P98000012642**

1. Entity Name  
SANDRAL ENTERPRISES, INC.



Principal Place of Business  
124 PARK AVENUE  
CASSELBERRY, FL 32707

Mailing Address  
124 PARK AVENUE  
CASSELBERRY, FL 32707

**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3496060 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, ALBERT M  
124 PARK AVENUE  
CASSELBERRY, FL 32707

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ALBERT M 124 PARK AVENUE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, SANDRA A 124 PARK AVENUE CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600059189036  
08/31/05--01049--021 \*\*550.00

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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.

SIGNATURE: Albert M Clark ALBERT M CLARK 8/26/05 407-629-5395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X228