

**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

Signature, typed or printed name of registered agent and title if applicable.

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

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

**DO NOT WRITE
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:

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