

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90197 022 ***150.00

DOCUMENT # P98000028656

1. Entity Name
ROBERT F. SANDBERGEN, INC.



Principal Place of Business
**2856 ALLAPATTAH DRIVE
CLEARWATER, FL 33761**

Mailing Address
**2856 ALLAPATTAH DRIVE
CLEARWATER, FL 33761**

2. Principal Place of Business
2070 World Parkway Blvd

3. Mailing Address
2070 World Parkway Blvd

Suite, Apt. #, etc.
#18

Suite, Apt. #, etc.
#18

02132005 Chg-P CR2E034 (10/03)

City & State
Clearwater, FL

City & State
Clearwater, FL

4. FEI Number
59-3500875 ☐ Applied For
☐ Not Applicable

Zip
33763 Country

Zip
33763 Country

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

6. Name and Address of Current Registered Agent

**SANDBERGEN, ROBERT F
2856 ALLAPATTAH DRIVE
CLEARWATER, FL 33761**

7. Name and Address of New Registered Agent

Name
Sandbergen, Robert F
Street Address (P.O. Box Number is Not Acceptable)
2070 World Parkway Blvd
#18
City
Clearwater **FL** Zip Code
33763

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SANDBERGEN, ROBERT F ☐ Delete
2856 ALLAPATTAH DRIVE
CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
Sandbergen, Robert F
2070 World Parkway Blvd #18
Clearwater, FL 33763

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition

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 #

2-21-05 **725-9642**