2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 05, 2007 08:00 AN Secretary of State DOCUMENT # P98000036518 1. Entity Name SANSCO, INC. Principal Place of Business Mailing Address 7633 HELEN ST 7633 HELEN ST W MELBOURNE FL 32904 W MELBOURNE FL 32904 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt #, ctc Suite, Apt. #. otc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-3506391 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWSON, SANDRA T Street Address (P.O. Box Number is Not Acceptable) 7633 HELEN ST W MELBOURNE FL 32904 Zio 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 DATE Signature, typed or printed name of registered agent and tille if applicable. (NOTE, Registered Agont signature registred when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete Ш Change Addition RHIU00000621020 02/09/07-80058-008 150.00 LAWSON, SANDY T 植科 MAME 7633 HELEN ST STREET LADDRESS SUPERADDRESS W MELBOURNE FL 32904 CITY ST 7IP CHY-SE /BP ☐ Change 🔲 Addilion T notete IIILE 11111 LAWSON, EVERED S NAME NAM 7633 HELEN ST STREET ADDRESS STREET ADDRESS W MELBOURNE FL 32904 CITY ST-7IP CITY ST ZIP Change Addillion mu Delete MAME STREET ADDRESS SIREE LADDRESS CITY-ST /IP CITY ST ZIF Delete Change Addition IMI NAME STREET ADDRESS SHIFF LADDRESS CUY SE /IP CHY ST ZIP Delete HHE ☐ Change Addition JIIIL NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST AP CHY ST-7IE ☐ Addition ☐ Delete IIRE THE NAM NAM STREET ADDRESS STREET ADDRESS CUY SI 789 CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath, that I am an officer or director of the corporation or the receiver or trusted 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 fike empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Degree Property