2008 PROFIT CORPORATION **MANNUAL REPORT (AR)**

Mailing Andress

DOCUMENT # P98000054680

1. Entity Name

SANBORN AGENCY, INC.

Principal Place of Business



FILED Feb 25, 2008 08:00 AN Secretary of State

Secretar

2037 CROSSVINE LN PO BOX 180954 CASSELBERRY FL 32707 CASSELBERRY FL 32718 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #. etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3530887 Not Applicable Zip Country Z_{iD} 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 SANBORN, MABLE S Street Address (P.O. Box Number is Not Acceptable) 2037 CROSSVINE LANE CASSELBERRY FL 32707 City Zip 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 . Signature, typodior princed leaning of registering maint and title. It shiplicable (NOTE: Registered Again algorithm required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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. ÞΒ TOTALE Dorete TITLE Change Addition SANBORN, MABLE S NAME NAME 2037 CROSSVINE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition 🔲 NAME MAME STREET ADDRESS STREET ADDRESS U00000837093 CITY - ST-ZIP CITY-ST-29P 03/04/08-80043-004 dans. OIL Addition TITLE Darete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Délete ☐ Change TITLE TETLE Addition MAM: NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-7IP TITLE Derate TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 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.

CITY - ST- ZIP

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08 467 695-4733