


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90032 017 \*\*\*150.00

<b>DOCUMENT # P99000065314</b>			
1. Entity Name <b>SANDY GORDON, INC.</b>			
Principal Place of Business <b>5186 SE ORANGE ST. STUART FL 34997</b> <i>CHANGED</i>		Mailing Address <b>248 NW RED CEDAR ST JENSEN BEACH FL 34957</b> <i>CHANGED</i>	
2. Principal Place of Business <b>2014 SE MANTUA</b>		3. Mailing Address <b>P.O. Box 457</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>PORT SAINT LUCIE FL</b>		City & State <b>JENSEN BEACH FL</b>	
Zip <b>34952</b>	Country <b>U.S.A</b>	Zip <b>34958-0457</b>	Country <b>U.S.A</b>
6. Name and Address of Current Registered Agent  <b>GORDON, SANFORD MARC 5186 SE ORANGE ST. STUART FL 34997</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>S/L</i> DATE <b>2-23-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GORDON, SANFORD MARC 5186 SE ORANGE ST. STUART FL 34997</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

**2-23-06**

Date

**772-215-9048**

Daytime Phone #