FILED
Mar 04, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000087683

1. Entity Name
SANDIFER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2145 DENNIS STREET JACKSONVILLE, FL 32203	2145 DENNIS STREET JACKSONVILLE, FL 32203

DO NOT WRITE IN THIS SPACE

01242005 No Chg-P OR2E034 (10/03)

4. FEI Number
59-3601053

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANDIFER, MICHAEL A
2145 DENNIS STREET
JACKSONVILLE, FL 32211

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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.

U00000250690
03/04/05-80021-008 150.00

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

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	VD
NAME	SANDIFER, THOMAS N
STREET ADDRESS	2145 DENNIS STREET
CITY ST ZIP	JACKSONVILLE, FL 32203
TITLE	PSTD
NAME	SANDIFER, MICHAEL A
STREET ADDRESS	2145 DENNIS STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 1/28/05 904 798 1009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number