



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90052 042 ***150.00

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|---|--|--|---|--|--|
| DOCUMENT # S92785 1. Entity Name ANN SANFORD INVESTMENTS, INC. | | | |  | |
| Principal Place of Business 12273 US HWY 98 W STE 116 DESTIN, FL 32550 US | | | Mailing Address ANN SANFORD INVESTMENTS INC P.O. BOX 6756 DESTIN, FL 32550 US | | |
| 2. Principal Place of Business 12273 U.S. Hwy 98 west Suite, Apt. #, etc. Suite 116 City & State Miramar Beach, FL Zip 32550 Country U.S. | | 3. Mailing Address 12273 U.S. Hwy 98 west Suite, Apt. #, etc. Suite 116 City & State Miramar Beach, FL Zip 32550 Country U.S. | |  | |
| 01142005 Chg-P CR2E034 (10/03) | | | | 4. FEI Number 59-3093961 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KRAEMER, MARY K 607 HIGHWAY 98 EAST DESTIN, FL 32541 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 35 Clayton Lane City Santa Rosa Beach FL Zip Code 32459 | | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSP RAYMOND, SHIRLEY S 1467 OAKMONT PLACE NICEVILLE, FL 32578 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAYMOND, DAVID S 1467 OAKMONT PLACE NICEVILLE, FL 32578 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO PECORE, CARA A 502 GARDEN OAKS COVE NICEVILLE, FL 32578 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PECORE, CHRISTOPHER M 502 GARDEN OAKS GROVE NICEVILLE, FL 32578 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOSSETT, TIMOTHY 129 WRIGHT CIRCLE NICEVILLE, FL 32578 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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 <u><i>Cara A Pecore</i></u> Cara A Pecore, COO 1/14/2005 850-684-6879 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |