

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90178 024 \*\*\*150.00

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05022006 Chg-P CR2E034 (11/05)

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| <b>DOCUMENT # S92785</b>                        |  |
| 1. Entity Name<br>ANN SANFORD INVESTMENTS, INC. |  |



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| Principal Place of Business<br>12273 US HWY 98 W<br>STE 116<br>DESTIN, FL 32550 US | Mailing Address<br>ANN SANFORD INVESTMENTS INC<br>P.O. BOX 6756<br>DESTIN, FL 32550 US |
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| 2. Principal Place of Business<br>12273 U.S. Hwy 98W<br>Suite, Apt. #, etc.<br>Suite #116<br>City & State<br>Miramar Beach, FL<br>Zip<br>32550<br>Country<br>US | 3. Mailing Address<br>12273 US Hwy 98W<br>Suite, Apt. #, etc.<br>Suite 116<br>City & State<br>Miramar Bch, FL<br>Zip<br>32550<br>Country<br>US |
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|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>KRAEMER, MARY K<br>35 CLAYTON LANE<br>SANTA ROSA BEACH, FL 32459 |  |
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|--|--|
| 4. FEI Number<br>59-3093961  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSP<br>RAYMOND, SHIRLEY S<br>1467 OAKMONT PLACE<br>NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RAYMOND, DAVID S<br>1467 OAKMONT PLACE<br>NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | COO<br>PECORE, CARA A<br>502 GARDEN OAKS COVE<br>NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PECORE, CHRISTOPHER M<br>5502 GARDEN OAKS OAKS COVE<br>NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>VANNEE PETERSON<br>509 MOONEY RD.<br>FORT WALTON BCH, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VSP<br>DENNIS PETERSON<br>19 NORTH ST.<br>MARY ESTHER, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Vannee Peterson VANNIE PETERSON 5/1/06 850-654-6879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #