

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 18, 2008 08:00 AM
Secretary of State**

DOCUMENT # S92785

1. Entity Name
ANN SANFORD INVESTMENTS, INC.



Principal Place of Business

**12273 US HWY 98 W
STE 116
MIRAMAR BEACH, FL 32550 US**

Mailing Address

**12273 US HWY 98 W
STE 116
MIRAMAR BEACH, FL 32550 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3093961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAEMER, MARY K
35 CLAYTON LANE
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, VANNEE
STREET ADDRESS 509 MOONEY RD
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE VSP
NAME PETERSON, DENNIS
STREET ADDRESS 19 NORTH ST
CITY-ST-ZIP MARY ESTHER, FL 32569

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vannee Peterson **Vannee Peterson** 1/3/08 (850) 654-6879