

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90140 010 \*\*\*150.00



**DOCUMENT # V24425**  
 1. Entity Name  
**SANHAYDAN, INC.**

Principal Place of Business  
 101 N WOODLAND BLVD.  
 STE 2121  
 DELAND, FL 32720 US

Mailing Address  
 101 N WOODLAND BLVD.  
 STE 2121  
 DELAND, FL 32720 US



2. Principal Place of Business  
 101 N. Woodland Blvd  
 Suite, Apt. #, etc.  
 100

3. Mailing Address  
 101 N. Woodland Blvd  
 Suite, Apt. #, etc.  
 100

City & State  
 Deland, FL

City & State  
 Deland, FL

Zip  
 32720

Country  
 USA

Zip  
 32720

Country  
 USA

01202005 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3124101

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BAUMGARTNER, ROGER B  
 101 N WOODLAND BLVD.  
 STE 600  
 DELAND, FL 32720

7. Name and Address of New Registered Agent  
 Name  
 Baumgartner, Roger B  
 Street Address (P.O. Box Number is Not Acceptable)  
 101 N. Woodland Blvd  
 100  
 City  
 Deland FL Zip Code  
 32720

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, 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	S	<input type="checkbox"/> Delete
NAME	SANDS, LARRY ESQ	
STREET ADDRESS	P O BOX 2010	
CITY-ST-ZIP	DAYTONA BEACH, FL 32115	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANNALS, GEORGE C	
STREET ADDRESS	816 LIBERTY COURT	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYES, SHELDON W	
STREET ADDRESS	103 COUNTRY CLUB DR	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAUMSARTNER, ROGER B	
STREET ADDRESS	2300 PIN OAK DR	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Hayes	
STREET ADDRESS	418 Cathcart Ave	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Roger B Baums  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_