2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03260

Entity Name: CAMP HAPPY SANDS, INC.

FILED Jan 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563 **Current Mailing Address: New Mailing Address:** 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563 US FEI Number: 59-2388390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROOSE, CHARLES E 4310 HICKORY SHORE BLVD. GULF BREEZE, FL 32563 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ROOSE, CHARLES ROOSE, CHARLES E Name: Name: 4310 HICKORY SHORE BLVD. Address: 4310 HICKORY SHORE BLVD. Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: GULF BREEZE, FL 32563 Title: Title: () Delete () Change () Addition Name: DILLARD, ALICE Name: Address: 4517 TRADEWINDS PLACE Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: () Delete Title: () Change () Addition ROOSE, BRENDA Name: Name: 4310 HICKORY SHORE BLVD. Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: Title: CD () Delete Title: () Change () Addition Name: RANKIN, MARY Name: 1693 SAXON DR. Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, ANN Name: Name: 4835 ANDRADE Address: Address: PENSACOLA, FL 32504 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition WU, JUDY Name: Name: Address: 3960 POTOSI Address: PENSACOLA, FL 32504 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E. ROOSE ST 01/14/2004