


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90014 012 ***150.00

DOCUMENT # P02000044305
 1. Entity Name
SAND CASTLES ESTATE HOMES, INC.



Principal Place of Business Mailing Address
2004 CASCADES DR #1 **2004 CASCADES DR #1**
NAPLES FL 34112 **NAPLES FL 34112**

2. Principal Place of Business 3. Mailing Address
2187 Trade Center Way
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#3
 City & State City & State
Naples FL **Same**
 Zip Country Zip Country
34109 USA

Handwritten: 1199 (9150)



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SPIETH, RICHARD W P.E.
~~2004 CASCADES DR #1~~ **3009 CERRITO CT.**
NAPLES FL ~~34112~~ 34108

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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SPIETH, RICHARD W P.E.	
STREET ADDRESS	2004 CASCADES DR #1	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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: *[Signature]* **RICHARD SPIETH** **3/4/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #