


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90549 020 \*\*\*150.00

<b>DOCUMENT # P97000057748</b> 1. Entity Name <b>THE WHITE SANDS INN CORPORATION</b>					
Principal Place of Business <b>375 SMITH RD SEDONA, AZ 86336</b>			Mailing Address <b>375 SMITH RD SEDONA, AZ 86336</b>		
2. Principal Place of Business <i>170 Spirit Tr.</i>		3. Mailing Address <i>170 Spirit Tr.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Sedona AZ</i>		City & State <i>Sedona AZ</i>		4. FEI Number <b>65-0764813</b>	
Zip <i>86336</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONROY, DENNIS E 4393 LACEY OAK DR PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CONROY, DENNIS E</b> <b>375 SMITH RD</b> <b>SEDONA, AZ 86336</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CONROY, LAVINA S</b> <b>375 SMITH RD</b> <b>SEDONA, AZ 86336</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>Lavina S. Conroy</i> <i>Lavina S. Conroy</i> <i>4/19/04</i> <i>928-203 9128</i>					