

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000003500

**Entity Name:** SANDY SUNSET VACATIONS, INC.

**Current Principal Place of Business:**

2101 WEST HWY 390  
LYNN HAVEN 834  
PANAMA CITY, FL 32444

**FILED**  
**Mar 20, 2020**  
**Secretary of State**  
**7933524512CC**

**Current Mailing Address:**

2101 WEST HWY 390  
LYNN HAVEN 834  
PANAMA CITY, FL 32444 US

**FEI Number: 81-1098286**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADAMS, DOLVIN K  
2101 WEST HWY 390  
LYNN HAVEN 834  
PANAMA CITY, FL 32444 US

*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

**Officer/Director Detail :**

Title            P  
Name            ADAMS, DOLVIN K  
Address        2101 WEST HWY 390  
                  LYNN HAVEN 834  
City-State-Zip: PANAMA CITY FL 32444

Title            S/T  
Name            ADAMS, MALEIA  
Address        2101 WEST HWY 390  
                  LYNN HAVEN 834  
City-State-Zip: PANAMA CITY FL 32444

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DOLVIN KEITH ADAMS**

**PRESIDENT**

**03/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date