

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 284351				
1. Entity Name SILVER SANDS ESTATES INC				
Principal Place of Business 429 EAST ADAMS JACKSONVILLE FL 32202		Mailing Address 429 EAST ADAMS JACKSONVILLE FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt #, etc		Suite, Apt #, etc		
City & State		City & State		
Zip	Country	Zip	Country	



1st MOORE CR2E034 (10/06)

4. FEI Number 59-1143313	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAINES JR., L. DANIEL 429 EAST ADAMS ST. JACKSONVILLE FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAINES JR., L. DANIEL 429 E ADAMS ST JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000612555 02/05/07-80003-009 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HAINES, DAVID R 429 E. ADAMS ST. JACKSONVILLE FL 32202 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HAINES, DOROTHY C. 429 E ADAMS ST JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]* PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07 904 3565649
904 2474222
Date Daytime Phone #