

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 430629</b> 1. Entity Name <b>SANDY DEVELOPMENT COMPANY INC</b>	
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Principal Place of Business <b>12303 US 301 DADE CITY, FL 33525</b>	Mailing Address <b>12303 US 301 DADE CITY, FL 33525</b>
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1539360</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GIBBS, A.P.  
15310 AMBERLY DR SUITE 103  
TAMPA, FL 33647**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>660000774831</b> <b>01/08/08-80006-009 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS PARKER, JEROME 12303 HWY 301 DADE CITY, FL 33525</b>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_