

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 612702

1. Entity Name
SILVER SANDS RESTAURANT AND GIFT SHOP, INC.



Principal Place of Business
538 HWY 98 E.
P.O. BOX 1321
DESTIN, FL 32541 US

Mailing Address
P. O. BOX 1321
P.O. BOX 1321
DESTIN, FL 32540 US

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1885071

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MIDDLETON, JAMES W.
216 HOSPITAL DR NE
FT WALTON BEACH, FL

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000746678
05/16/07-80078-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHIPP, FERRELL L.
209 BEACH DRIVE, LOT 2B
DESTIN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SMITH, JO S
HWY 20 #1 SMITH RD
FREEPORT, FL 32439

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Ferrell L. Shipp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-56-07