



**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 612702</b> 1. Entity Name <b>SILVER SANDS RESTAURANT AND GIFT SHOP, INC.</b>			
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	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02052008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1885071	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MIDDLETON, JAMES W. 216 HOSPITAL DR NE FT WALTON BEACH, FL		<b>DO NOT WRITE IN THIS SPACE</b>	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/03/08-80080-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P SHIPP, FERRELL L. 209 BEACH DRIVE, LOT 2B DESTIN, FL		<b>DO NOT WRITE IN THIS SPACE</b>	
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			
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: <u>Ferrell Shipp</u>		3-15-08 837-2506	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	