


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90012 048 ****61.25

DOCUMENT # 743180					
1. Entity Name CEDARSAND, INC.					
Principal Place of Business 12274 1ST STR W TREASURE ISLD, FL 33706 US			Mailing Address 7601 9TH STR NO #B ST PETERSBURG, FL 33702-5200 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01162006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2053001				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLEAN, RICHARD 12274 WEST 1ST STREET TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME GOULD, BEVERLY STREET ADDRESS 12274 1ST ST W CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE VD NAME CINDY TOWNE STREET ADDRESS 12274 1ST ST W CITY-ST-ZIP Treasure Island, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME TYLER, SHIRLEY STREET ADDRESS 7601 9TH STR NO, STE C CITY-ST-ZIP ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME MCLEAN, R STREET ADDRESS 12274 1ST ST W CITY-ST-ZIP TREASURE ISLAND, FL00000, 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME GOULD, FRANK STREET ADDRESS 12274 1ST ST W CITY-ST-ZIP TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE SD NAME NANCY VOLMAR STREET ADDRESS 12274 1ST ST W CITY-ST-ZIP Treasure Island, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>Shirley A. Tyler</i> <i>Treas.</i> <i>1-16-06</i> <i>727-528-8633</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					