2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2005 08:00 AM DOCUMENT # F31650 **Secretary of State** SUN & SAND REALTY, INC. Mailing Address Principal Place of Business 1412 WINKLER AVE 1412 WINKLER AVE FORT MYERS FL 33901 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2075085 Not Applicable Źip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAND, LOU B Street Address (P.O. Box Number is Not Acceptable) 1412 WINKLER AVE FORT MYERS FL 33901 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** INOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE Delete SAND, LOU B NAME NAME U000000240538 STREET ADDRESS STREET ADDRESS 1412 WINKLER AVE 02/24/05-80007-014 1S0.00 CITY-ST-7IP FT MYERS, FL 00000 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY - ST - 7IP CITY ST-7IP Change Addition ☐ Defete TITLE THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP Change Addition | TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition 10704 NAME STREET ADDRESS STREET ADDRESS CITY ST-7/P CITY-ST-ZIP Change Addition TITLE MILE Delete намі NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7(P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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

2-21-05 239-939-3677

FILED