## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED** May 09, 2008 08:00 AN Secretary of State DOCUMENT # F31650 1. Entity Name SUN & SAND REALTY, INC. Principal Place of Business Mailing Address 1412 WINKLER AVE 1412 WINKLER AVE FORT MYERS, FL 33901 FORT MYERS, FL 33901 02142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2075085 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAND, LOU B " " DO NOT WRITE 1412 WINKLER AVE FORT MYERS, FL 33901 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. Synature, typed or proted name of registered agent and title J applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SAND, LOU B 1412 WINKLER AVE STREET ADDRESS U000000950378 CiTY-ST-ZIP FT MYERS, FL 00000, 06/03/08-80066-013 150.00 TIFLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE C/TY-ST-ZIP IN THIS SPACE 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 address, with all otherwise empowered.

SIGNATURE:

THLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08 Date