


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # F94000003669</b>                 |  |
| 1. Entity Name<br>SANDCASTLES OF GEORGIA, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>2500 PEACHTREE ROAD NW<br>UNIT #105S<br>ATLANTA, GA 30305 US | Mailing Address<br>2500 PEACHTREE ROAD NW<br>UNIT #105S<br>ATLANTA, GA 30305 US |
|---|---|



08122005 No Chg-P CR2E034 (10/03)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>58-1281161                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>KAMM, ROBERT T<br>4000 SANDESTIN BLVD., S<br>DESTIN, FL 32541 |
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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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDC<br>ALIAS, FRED V<br>2500 PEACHTREE ROAD NW, UNIT #105S<br>ATLANTA, GA 30305 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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08/22/05-80004-004 150.00

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: \_\_\_\_\_ 8-15-05 404 231 9155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #