

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000001864

1. Entity Name

SAND DOLLAR OIL, INCORPORATED



Principal Place of Business

**7641 CAMDEN HARBOUR DRIVE
BRADENTON, FL 34212**

Mailing Address

**7641 CAMDEN HARBOUR DRIVE
BRADENTON, FL 34212**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

48-0901327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, W L
7641 CAMDEN HARBOUR DRIVE
BRADENTON, FL 34212**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000534345
01/23/07-80019-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MILLER, W L
STREET ADDRESS	7641 CAMDEN HARBOUR DRIVE
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	SD
NAME	MILLER, ROBERTA K
STREET ADDRESS	7641 CAMDEN HARBOUR DRIVE
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	VD
NAME	DECK, DEBORAH
STREET ADDRESS	18 ROCHELLE
CITY-ST-ZIP	NEWPORT COAST, CA 92657
TITLE	D
NAME	DECK, GLENN
STREET ADDRESS	18 ROCHELLE
CITY-ST-ZIP	NEWPORT COAST, CA 92657
TITLE	CD
NAME	BUCKINGHAM, JOHN
STREET ADDRESS	5613 MEADOW GLEN DR
CITY-ST-ZIP	KNOXVILLE, TN 37919
TITLE	D
NAME	BUCKINGHAM, KATHRYN
STREET ADDRESS	5613 MEADOW GLEN DR.
CITY-ST-ZIP	KNOXVILLE, TN 37919

**DO NOT WRITE
IN THIS SPACE**

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:

W. L. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

941/747-5905

Daytime Phone #