2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90028 050 ***150.00

DOCUMENT # H15679

1. Entity Name
SANDPIPER HILL COMPANY

Principal Place of Business	Mailing Address
5929 POWERS AVENUE JACKSONVILLE, FL 32217	5929 POWERS AVENUE JACKSONVILLE, FL 32217

01282008 Chg-P GR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1543 W Univerisity Blvd Suite, Apt. #, etc.	1543 W Univerisity Blvd. Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32217 Country:	Zip: 32217 Country:

4. FEI Number: 59-2431179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOYKE, PEGGY C. 5929 POWERS AVE. JACKSONVILLE, FL 32217	Name: Goyke, Peggy C Street Address (P.O. Box Number is Not Acceptable): 1543 W University Blvd. City: Jacksonville FL Zip Code: 32217

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: Peggy C Goyke
Signature, typed or printed name of registered agent and title if applicable (If FEI, Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOYKE, PEGGY C 5929 POWERS AVE. JACKSONVILLE, FL	☐ Delete	T Goyke,Anne-Marie 1543 W. Univerisity Blvd. Jacksonville, Fl	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOYKE, JOHN H. 5929 POWERS AVE. JACKSONVILLE, FL	☐ Delete	PD Goyke,Peggy C. 1543 W. Univerisity Blvd. Jacksonville, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SD Goyke John H 1543 W. Univerisity Blvd. Jacksonville, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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 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: Peggy C Goyke 1-31-08 904 733-0333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR Date Daytime Telephone Number