

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J22577**  
 1. Entity Name  
**SANDPIPER NEEDLEWORK, INC.**



Principal Place of Business      Mailing Address  
 372 TEQUESTA DRIVE      372 TEQUESTA DRIVE  
 TEQUESTA, FL 33469 US      TEQUESTA, FL 33469 US



01272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2692274</b>	Applied For 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  
**MOUNT, MARY JO**  
**372 TEQUESTA DRIVE**  
**TEQUESTA, FL 33469**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$650.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOUNT, MARY JO 372 TEQUESTA DR TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOUNT, GEORGE E 372 TEQUESTA DRIVE TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/06/08-80068-005 150.00

**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:** Mary Jo Mount      1/27/2008 561-746-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #