

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85599

FILED  
Apr 13, 2005  
Secretary of State

Entity Name: WHITE SANDS DELIVERIES UNLIMITED, INC.

## Current Principal Place of Business:

8640 KLONDIKE RD  
P.O. BOX 8487  
PENSACOLA, FL 32526 US

## New Principal Place of Business:

## Current Mailing Address:

8640 KLONDIKE RD  
PENSACOLA, FL 32526 US

## New Mailing Address:

FEI Number: 59-2836418      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, O.E., SR.  
2020 N. PALAFOX ST.  
PENSACOLA, FL 32581 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MATHER, C.E., JR.,  
Address: 8640 KLONDIKE RD  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: MATHER, CYNTHIA,  
Address: 8640 KLONDIKE RD  
City-St-Zip: PENSACOLA, FL

Title: PD ( ) Delete  
Name: MATHER, C.E.,JR.,  
Address: 8640 KLONDIKE RD  
City-St-Zip: PENSACOLA, FL

Title: VST ( ) Delete  
Name: MATHER, CYNTHIA,  
Address: 8640 KLONDIKE RD  
City-St-Zip: PENSACOLA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA MATHER

VST

04/13/2005

Electronic Signature of Signing Officer or Director

Date