

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85599

FILED
Mar 08, 2007
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

Current Mailing Address:

8640 KLONDIKE RD
PENSACOLA, FL 32526 US

New Principal Place of Business:

8640 KLONDIKE RD
8640 KLONDIKE RD
PENSACOLA, FL 32526 US

New Mailing Address:

8640 KLONDIKE RD
8640 KLONDIKE RD
PENSACOLA, FL 32526 US

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

Title: D () Delete
Name: MATHER, CLAY E
Address: 8640 KLONDIKE RD
City-St-Zip: PENSACOLA, FL 32526 US

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:

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 Chapter 119, 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

03/08/2007

Electronic Signature of Signing Officer or Director

Date