

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J85599

FILED
Apr 20, 2009
Secretary of State

Entity Name: WHITE SANDS DELIVERIES UNLIMITED, INC.

Current Principal Place of Business:

8640 KLONDIKE RD
8640 KLONDIKE RD
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

8640 KLONDIKE RD
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

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 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

VP

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date