

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90305 009 ***150.00

DOCUMENT # K40811

1. Entity Name
WHITE SANDS BEACH SERVICE, INC.



Principal Place of Business
**4593 LUKE AVE
DESTIN, FL 32541**

Mailing Address
**4593 LUKE AVE
DESTIN, FL 32541**



2. Principal Place of Business
953 Claeven Circle
Suite, Apt. #, etc.

3. Mailing Address
953 Claeven Circle
Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
Ft. Walton Beach, FL
Zip
32547 Country
USA

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Ft. Walton Beach, FL
Zip
32547 Country
USA

4. FEI Number
59-2912256 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CURRY, THOMAS M
4593 LUKE AVE
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
Deborah J. Hunt

Street Address (P.O. Box Number is Not Acceptable)

953 Claeven Circle

City
Fort Walton Beach FL Zip Code
32547

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 **Deborah J. Hunt** **Deborah J. Hunt** **04/07/2006**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
PTSC ☒ Delete
NAME
CURRY, THOMAS M
STREET ADDRESS
4593 LUKE AVE
CITY - ST - ZIP
DESTIN, FL 32541

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P.T.C. ☒ Change ☐ Addition
NAME
Deborah J. Hunt
STREET ADDRESS
953 Claeven Circle
CITY - ST - ZIP
Ft. Walton Bch, FL 32547

TITLE
S ☒ Change ☐ Addition
NAME
Michael L. Hunt
STREET ADDRESS
953 Claeven Circle
CITY - ST - ZIP
Ft. Walton Bch, FL 32547

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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: **Deborah J. Hunt** **Deborah J. Hunt** **4/7/06** **850 974 2345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #