2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar $0\overline{2}$, $\overline{2004}$ 8:00 am Secretary of State DOCUMENT # K58065 1. Entity Name 03-02-2004 90012 013 ***150.00 SANDY HOOK, INC. Principal Place of Business Mailing Address 4875 PINE ISLAND RD MATLACHA FL 33993 4875 PINE ISLAND RD MATLACHA FL 33993 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0095201 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAUBER, RICHARD F. Street Address (P.O. Box Nurfiber is Not Acceptable) 3631 EMERALD AVE ST. JAMES CITY FL 33956 or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DΡ TITLE Delete TITLE Change ☐ Addition 12-291 Shore VICW De MATLACHA, FL. 33993 LAUBER, RICHARD F. NAME NAME 3631 EMERALD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. JAMES CITY FL CITY-ST-ZIP DTV ☐ Addition TITLE ☐ Delete TITLE LAUBER, BEVERLY L. NAME 3631 EMERALD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. JAMES CITY FL CFTY-ST-ZIP TITLE Delete TITLE Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete THTLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered. **SIGNATURE:** R OR DIRECTOR

12. Thereby certify that the information supplied with this filing does not qualify 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 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