2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L13100

1. Entity Name
SALTY SAND, INC.

FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
311 A1A BEACH BLVD SAINT AUGUSTINE, FL 32084	2535 STATE ROAD 16 ST AUGUSTINE, FL 32092

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2974411
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, RAMILA R
2535 STATE ROAD 16
ST AUGUSTINE, FL 32092

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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 _____ DATE
Signature of new registered agent, if applicable. NOTE: Registered agent's signature required when filing.

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, RAMU S
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	STD
NAME	PATEL, RAMILA R
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VD
NAME	GAVAN, RAMILA H
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VD
NAME	GAVAN, HASU
STREET ADDRESS	2535 S.R. 16
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	VP
NAME	PATEL, SNENAL
STREET ADDRESS	2535 S.R. 16
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	VP
NAME	PATEL, SWATI
STREET ADDRESS	2535 S.R. 16
CITY-ST-ZIP	ST. AUGUSTINE, FL

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12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Snehal R Patel SNEHAL R. PATEL 4/30/04 904.824.4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #