

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L14334**

1. Entity Name  
**SAND & DIRT, INC.**



Principal Place of Business  
**3040 HIGHWAY 95-A SOUTH  
P.O. BOX 7068  
CANTONMENT, FL 32533**

Mailing Address  
**C/O C.R. CAMPBELL  
P.O. BOX 7068  
PENSACOLA, FL 32534**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2968736**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAMPBELL, C.R.  
10391 OLD DAIRY LANE  
PENSACOLA, FL 32534**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000278147  
03/28/05-80013-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CAMPBELL, C.R.
STREET ADDRESS	10391 OLD DAIRY LANE
CITY - ST - ZIP	PENSACOLA, FL
TITLE	D
NAME	CAMPBELL, ELEANOR FAYE
STREET ADDRESS	10391 OLD DAIRY LANE
CITY - ST - ZIP	PENSACOLA, FL
TITLE	VD
NAME	CAMPBELL, CLEVELAND, JR.
STREET ADDRESS	10391 OLD DAIRY LANE
CITY - ST - ZIP	PENSACOLA, FL
TITLE	PD
NAME	CAMPBELL, BILLY RAY
STREET ADDRESS	1340 BRICKTON RD.
CITY - ST - ZIP	CANTONMENT, FL
TITLE	STD
NAME	ROGERS, TRUDY
STREET ADDRESS	10391 OLD DAIRY LANE
CITY - ST - ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-25-05**

**850 477-0222**