

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90049 001 \*\*\*317.50

<b>DOCUMENT # L36663</b> 1. Entity Name <b>SAND KEY REALTY SALES &amp; RENTALS, INC.</b>																													
Principal Place of Business <b>2701 GULF BOULEVARD INDIAN ROCKS BEACH FL 33785</b>			Mailing Address <b>2701 GULF BOULEVARD INDIAN ROCKS BEACH FL 33785 US</b>																										
2. Principal Place of Business <b>740 GULFVIEW BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>740 GULFVIEW BLVD</b> Suite, Apt. #, etc.																											
City & State <b>CLEARWATER FL</b> Zip <b>33767</b>		City & State <b>CLEARWATER FL</b> Zip <b>33767</b>		4. FEI Number <b>59-2981020</b>																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>ROBBINS, JAMES B. 1270 GULF BLVD #804 CLEARWATER FL 33767</b>			7. Name and Address of New Registered Agent Name <b>JAMES B. ROBBINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1290 GULF BLVD #301</b> City <b>CLEARWATER FL</b> Zip Code <b>33767</b>																										
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 <u>James B Robbins</u> <b>JAMES B ROBBINS</b> DATE <b>1/21/04</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBBINS, JAMES B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2701 GULF BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIAN ROCKS BEACH FL 33785</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	ROBBINS, JAMES B		STREET ADDRESS	2701 GULF BLVD		CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">740 GULFVIEW BLVD</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CLEARWATER FL 33767</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	740 GULFVIEW BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CLEARWATER FL 33767		STREET ADDRESS			CITY-ST-ZIP		
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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: <u>James B Robbins</u> <b>JAMES B. ROBBINS</b> DATE <b>2/6/04</b> (727) 443-0032 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

attachment  
06401458  
#L36663



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

February 2, 2004

SAND KEY REALTY SALES & RENTALS, INC.  
740 GULFVIEW BLVD  
CLEARWATER BEACH, FL 33767 US

Subject: SAND KEY REALTY SALES & RENTALS, INC.

Reference Number: L36663

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$317.50 of which \$158.75 has been designated to file this report. However, the enclosed annual report/uniform business report **has not been filed** and a copy is being returned to you for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS

ANNUAL REPORTS SECTION