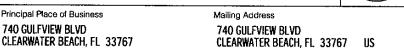
## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # L36663** SAND KEY REALTY SALES & RENTALS, INC. Principal Place of Business 740 GULFVIEW BLVD



**FILED** Jan 17, 2007 08:00 AM Secretary of State





| DO NOT | WRITE | IN THIS | <b>SPACE</b> |
|--------|-------|---------|--------------|
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2981020 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, JAMES B. 1290 GULF BLVD #301 CLEARWATER, FL 33767

CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 8. The above<br>the obligat   | named entity submits this statement for the pions of registered agent.   | ourpose of changing its registere                    | d office or                                     | registered agent, or bo        | oth, in the State of Florida. I am familiar with, and accept |
|---|--|--|---|--------------------------------|--|
| SIGNATURE_  |  |  |   |                                |  |
|   |  | Agent signatur                                       | Agent signature required when reinstating) DATE |                                |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |  | Election Campaign Finan     Trust Fund Contribution. | cing  | \$5.00 May Be<br>Added to Fees | U00000589324<br>01/18/07-80011-019 158.75                    |
| 10.   | OFFICERS AND DIREC   | CTORS  |   |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | P<br>ROBBINS, JAMES B<br>740 GULFVIEW BLVD<br>CLEARWATER BEACH, FL 33767 |  |   |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |   |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  | DO NOT WRITE<br>IN THIS SPACE                   |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |   |                                |  |
| IITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |   |                                |  |
| TITLE NAME STREET ADDRESS   |  |  |   |                                |  |

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.