


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L36663 1. Entity Name SAND KEY REALTY SALES & RENTALS, INC.	
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Principal Place of Business 740 GULFVIEW BLVD CLEARWATER BEACH, FL 33767	Mailing Address 740 GULFVIEW BLVD CLEARWATER BEACH, FL 33767 US
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2981020	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROBBINS, JAMES B. 1290 GULF BLVD #301 CLEARWATER, FL 33767
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000589324 01/18/07-80011-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBBINS, JAMES B 740 GULFVIEW BLVD CLEARWATER BEACH, FL 33767
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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.

SIGNATURE: James B Robbins **JAMES B. ROBBINS** 1/10/07 (727) 443-0032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #