

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90085 043 \*\*\*\*61.25

<b>DOCUMENT # N08145</b> 1. Entity Name <b>SAND DOLLAR IV, INC.</b>					
Principal Place of Business <b>8090 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>			Mailing Address <b>8090 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2531321</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THEOPHILOS, JANE 8090 A1A S #101 SAINT AUGUSTINE, FL 32080</b>			Name <b>BOZMAN, SHERRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8090 A1A South # 108</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32080</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 <i>Sherry G. Bozman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Sherry Bozman</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>02/03/06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LAFLEUR, JAMES 8815 CONROY-WINDERMERE #342 ORLANDO, FL 32835</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TYLER, WADE 340 NW 76 DRIVE GAINESVILLE, FL 32605</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BOZMAN, SHERRY 8090 A1A SOUTH #108 SAINT AUGUSTINE, FL 32080</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ELLIS, GEORGIANN 4929 NW 71ST PL. GAINESVILLE, FL 32653</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELLIS, ROBERT 6319 SHORT WHEEL WAY COLUMBIA, MD 21045</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PATILLO, MARY ALICE 2241 SE 13th St. Ocala, FL 32671</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OSTRANDER, TED 9263 Silver Lake Dr. Leesburg, FL 34788</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 617, 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.					
<b>SIGNATURE:</b> <i>James Lafleur</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>James Lafleur</b>		<b>02/03/06</b> <small>Date</small>	
				<b>407-909-8889</b> <small>Daytime Phone #</small>	