

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000064567

1. Entity Name
SAND DOLLAR DISTRIBUTORS, INC.



Principal Place of Business
**3172 N. ANDREWS AVENUE EXTENSION
POMPAÑO BEACH, FL 33064 US**

Mailing Address
**3172 N. ANDREWS AVENUE EXTENSION
POMPAÑO BEACH, FL 33064 US**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1035837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANDEFUR, GREGORY C
3172 N. ANDREWS AVENUE EXTENSION
POMPAÑO BEACH, FL 33064**

**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 renating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1000000655936
03/14/07-80006-016 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SANDEFUR, GREGORY C
STREET ADDRESS 3172 N. ANDREWS AVENUE EXTENSION
CITY-ST-ZIP POMPAÑO BEACH, FL 33064

TITLE CTSD
NAME SANDEFUR, GREGORY C
STREET ADDRESS 3172 N. ANDREWS AVENUE EXTENSION
CITY-ST-ZIP POMPAÑO BEACH, FL 33064

TITLE PD
NAME SANDEFUR, KIM R
STREET ADDRESS 3172 N. ANDREWS AVENUE EXTENSION
CITY-ST-ZIP POMPAÑO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: GREGORY C. SANDEFUR 2-28-07 954-972-2855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CEO

X109