

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90039 027 \*\*\*150.00

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<b>DOCUMENT # P00000112445</b> 1. Entity Name <b>SANDI'S, INC.</b>					
Principal Place of Business <b>10209 2ND STREET E TREASURE ISLAND, FL 33706</b>			Mailing Address <b>7116 GULF BLVD STE E ST PETE BEACH, FL 33706</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address <b>Terrance P. McNamara, Esq.</b> Suite, Apt. #, etc. <b>400 Corey Ave., 2nd Fl.</b> City & State <b>St. Pete Beach, FL</b> Zip <b>33706</b>		
Country <b>USA</b>			4. FEI Number <b>59-3686816</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>MCNAMARA, TERRANCE P ESQ 7116 GULF BLVD STE E ST PETE BEACH, FL 33706</b>				7. Name and Address of New Registered Agent Name <b>Terrance P. McNamara, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 Corey Avenue, 2nd Fl.</b> City <b>St. Pete Beach</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.				DATE <b>1/7/05</b>	
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
DPVS SWOPE, SANDRA J 10209 2ND STREET E TREASURE ISLAND, FL 33706		TITLE NAME 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Sandra J. Swope, President</b>					
Date <b>1-7-05</b>					
Daytime Phone # <b>727-362-1135</b>					