

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90249 005 ***150.00

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1. Entity Name

**SAND DOLLAR REAL ESTATE & PROPERTY
MANAGEMENT, INC.**



Principal Place of Business

**9525 T03RD AVE. N.
SEMINOLE FL 33777**

Mailing Address

**9525 T03RD AVE. N.
SEMINOLE FL 33777**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

11

Zip

33773

Country

U.S.

Zip

11

Country

11

4. FEI Number

59-3733614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Rita L. Pierce

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

**PSTD
PIERCE, RITA L
17920 KENNEDY DRIVE
NORTH REDINGTON BEACH FL 33708**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11665 Tradewinds Blvd. same

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11665 Tradewinds Blvd. same

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11665 Tradewinds Blvd. same

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11665 Tradewinds Blvd. same

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

11665 Tradewinds Blvd. same

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:

Rita L. Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

727-398-5313

Daytime Phone #