2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000027996

1. Entity Name
SANDY SHORES DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
1558 SW UNDERWOOD AVE. PORT SAINT LUCIE, FL 34953	PO BOX 13179 FORT PIERCE, FL 34979-3179

DO NOT WRITE IN THIS SPACE

01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3619249
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARCH, ROBERT J
1558 SW UNDERWOOD AVE.
PORT ST. LUCIE, FL 34953

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MARCH, ROBERT J
STREET ADDRESS	1558 SW UNDERWOOD AVE.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	VPD
NAME	MARCH, BARBARA K
STREET ADDRESS	1558 SW UNDERWOOD AVE.
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	SD
NAME	WALLMAN, ALICIA M
STREET ADDRESS	758 SE LIGHTHOUSE AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	VPD
NAME	MARCH, DAVID A
STREET ADDRESS	2305 PARAGON CT
CITY-ST-ZIP	VIRGINIA BEACH, VA 23455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000009599
01/21/04-80019-005 158.75

DO NOT WRITE IN THIS SPACE

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: Robert J March Robert J. March 1-18-04 (772) 284-4031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #