

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90038 028 \*\*\*150.00

**DOCUMENT # P02000027996**

1. Entity Name  
**SANDY SHORES DEVELOPMENT CORP.**



Principal Place of Business  
**1558 SW UNDERWOOD AVE.  
PORT SAINT LUCIE, FL 34953**

Mailing Address  
**PO BOX 13179  
FORT PIERCE, FL 34979-3179**

**DO NOT WRITE IN THIS SPACE**



02102005 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, 2005 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	<del>750 SE LIGHTHOUSE AVE</del> <b>2512 SW CALDER ST.</b>
CITY-ST-ZIP	<del>PORT SAINT LUCIE, FL 34989</del> <b>34953</b>
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	

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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** **3/17/2005** **284-4031** <sup>(772)</sup>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #