

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000027996

1. Entity Name
SANDY SHORES DEVELOPMENT CORP.



Principal Place of Business
**2332 SW ALMANSA AVE
PORT SAINT LUCIE, FL 34953**

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



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3619249	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARCH, ROBERT J
2332 SW ALMANSA 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MARCH, ROBERT J 2332 SW ALMANSA AVE PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARCH, BARBARA K 2332 SW ALMANSA AVE PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALLMAN, ALICIA M 2512 SW CALDER ST PORT SAINT LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARCH, DAVID A 2305 PARAGON CT VIRGINIA BEACH, VA 23455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/08/08-80027-016 158.75

**DO NOT WRITE
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: *Robert J March* **Robert J. March** **1-28-2008 (772) 284-4031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #