

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000110085

1. Entity Name  
S.A.N.D. ENTERPRISES, INC.



Principal Place of Business  
5364 EHRLICH ROAD  
TAMPA, FL 33624

Mailing Address  
5364 EHRLICH ROAD  
TAMPA, FL 33624



07042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0954410	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**

LEWKO-CLAUSEN, NANCY  
5364 EHRLICH ROAD  
TAMPA, FL 33624

**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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEVILLS, STUART A 4714 BULLOCK CT. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAUSEN, ALAN M 7003 SUNSET WAY #2 ST. PETERSBURG BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWKO, NANCY 7003 SUNSET WAY #2 ST. PETERSBURG BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEVILLS, DENISE M 4714 BULLOCK CT. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/07/06 80012-014-158.75

**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:

*Nancy Lewko* Nancy Lewko

7/05/06 727-415-0929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #