

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08082008 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 ☐ **\$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 \$550.00
Due by September 12, 2008**

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	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 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWKO, NANCY 7003 SUNSET WAY #2 ST. PETERSBURG BEACH, FL 33706
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	

U000000358818
09/03/08-80004-008 550.00

**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 Clausen Nancy Lewko Clausen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/25/08

Daytime Phone #

727-415-0929