
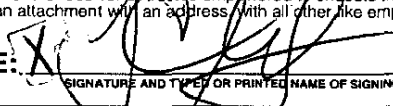


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90245 026 ***158.75

DOCUMENT # P03000077158 1. Entity Name SANDALS HOMES, INC.			
Principal Place of Business 17 EAST GATE LANE PALM COAST, FL 32164-6126		Mailing Address 17 EAST GATE LANE PALM COAST, FL 32164-6126	
2. Principal Place of Business 2729 E. Moody Blvd. Suite, Apt. #, etc.		3. Mailing Address 2729 E. Moody Blvd. Suite, Apt. #, etc.	
City & State Bunnell, FL Zip 32110		City & State Bunnell, FL Zip 32110	
Country US		Country US	
4. FEI Number 02232004		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, STE B-1 PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MICHAELS, TIMOTHY C 17 EAST GATE LANE PALM COAST, FL 32164-6126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	24 East Gate Lane Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAELS, TIMOTHY C 17 EAST GATE LANE PALM COAST, FL 32164-6126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04 East Gate Lane Palm Coast, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		4-7-04 386-586-5548	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(Date) Daytime Phone #	

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