

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90042 018 ***158.75

DOCUMENT # P04000023491

1. Entity Name

SANDCASTLE ELECTRIC, INC.



Principal Place of Business

267 TWIN LAKES LANE
DESTIN FL 32541

Mailing Address

P.O. BOX 19531
PANAMA CITY BEACH FL 32417



2. Principal Place of Business

~~PO BOX 19531~~

3. Mailing Address

Suite, Apt. #, etc.

107 Windsor Way

City & State

Panama City Beach, FL

Zip
32413

Country

USA

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0732727

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMASON, RAYMOND
267 TWIN LAKES LANE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Raymond Thomason

Street Address (P.O. Box Number is Not Acceptable)

107 Windsor Way

City Panama City Beach, FL Zip Code 32413

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

Raymond Thomason Raymond Thomason, President/Director 1 Feb 06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMASON, RAYMOND	
STREET ADDRESS	267 TWIN LAKES LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HULBER, KERRY	
STREET ADDRESS	267 TWIN LAKES LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Raymond Thomason Raymond Thomason 1 Feb 06 850-217-5075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #