2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State
02-19-2007 90063 043 ***158.75

DOCUMENT # P04000023491

1. Entity Name
SANDCASTLE ELECTRIC, INC.

Principal Place of Business	Mailing Address
107 WINDSOR WAY PANAMA CITY BEACH FL 32413	P.O. BOX 19531 PANAMA CITY BEACH FL 32417

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
154 W. Leslie Ln.	P.O. Box 19531
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach, FL	City & State: Panama City Beach FL
Zip: 32407 Country: USA	Zip: 32417 Country: USA

1st MOORE CR2E034 (10/06)

4. FEI Number 20-0732727 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMASON, RAYMOND ~~107 WINDSOR WAY~~ ~~PANAMA CITY BEACH FL 32413~~	Name: Street Address (P.O. Box Number is Not Acceptable): 154 W. Leslie Ln. City: Panama City Beach FL Zip Code: 32407

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
After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMASON, RAYMOND 267 TWIN ~~LAKES LANE~~ ~~DESTIN FL 32541~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomason, Raymond 154 W. Leslie Ln. Panama City Beach FL 32407	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] — 5 Feb 07 — 850 258 3359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #