



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90007 050 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # P04000050173 1. Entity Name SANDPIPER FLORIDA INVESTMENTS, INC. | | | |  | |
| Principal Place of Business 2219 PALMVIEW CIRCLE AUBURNDAL, FL 33823 | | | Mailing Address 2219 PALMVIEW CIRCLE AUBURNDAL, FL 33823 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 111 6TH ST N.W. | | 3. Mailing Address Suite, Apt. #, etc. 9482 WATERFORD OAKS DRIVE | |  | |
| City & State WINTER HAVEN FL. | | City & State WINTER HAVEN FL | | 4. FEI Number 20-0956748 | |
| Zip 33881 | | Country POIK | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ESPOSITO, JOSEPH M 2219 PALMVIEW CIRCLE AUBURNDAL, FL 33823 | | 7. Name and Address of New Registered Agent Name ESPOSITO JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 9482 WATERFORD OAKS DRIVE City WINTER HAVEN FL Zip Code 33884 | | | |
| 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 restateing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | PD ESPOSITO, JOSEPH M 2219 PALMVIEW CIRCLE AUBURNDAL, FL 33823 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ESPOSITO JOSEPH M 9482 WATERFORD OAKS DRIVE WINTER HAVEN FL 33884 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 the like empowered. | | | | | |
| SIGNATURE: _____ | | 3/23/07 863-293-6747 <small>Date Daytime Phone #</small> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |