

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004 8:00 am
Secretary of State

09-24-2004 90002 012 ***150.00

DOCUMENT # P04000058928

1. Entity Name
SAND METALS, INC.



Principal Place of Business
**45400 OLEANDER STREET
PAISLEY, FL 32767**

Mailing Address
**PO BOX 346
PAISLEY, FL 32767**

54073473



2. Principal Place of Business

3. Mailing Address

485 Lancaster Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange City FL

Zip

Country

Zip

Country

32763

09202004

Chg-P

CR2E034 (10/03)

4. FEI Number

01-0736529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAFFONE, NICHOLAS III
45400 OLEANDER STREET
PAISLEY, FL 32767**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 terminating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s-607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAFFONE, NICHOLAS III	
STREET ADDRESS	45400 OLEANDER STREET	
CITY- ST- ZIP	PAISLEY, FL 32767	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSBORNE, OTIS III	
STREET ADDRESS	45400 OLEANDER STREET	
CITY- ST- ZIP	PAISLEY, FL 32767	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAKRESKY, JOHN	
STREET ADDRESS	45400 OLEANDER STREET	
CITY- ST- ZIP	PAISLEY, FL 32767	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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	

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:

Nicholas Baffone President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-04

352-255-8942

Date

Daytime Phone #