


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000071713	
1. Entity Name SANDPIPER HOMES, INC.	

Principal Place of Business 6115 IDLEWILD STREET, UNIT B FORT MYERS, FL 33912	Mailing Address P.O. BOX 3424 NO. FORT MYERS, FL 33918
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03222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0634161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHRISTOPHER, RAYMOND 6115 IDLEWILD STREET FORT MYERS, FL 33912
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**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTOPHER, RAYMOND 18251 NO. TAMiami TRAIL NO. FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHIDDEN, BILLY P.O. BOX 3424 NO FT. MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/22/06-80044-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE: Billy Whidden **BILLY WHIDDEN (V.P.)** 4/4/06 259-691-2549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #