


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90049 026 \*\*\*150.00

<b>DOCUMENT # P05000081306</b>	
1. Entity Name <b>SAND CASTLE CONSTRUCTION &amp; DEVELOPMENT, INC.</b>	

Principal Place of Business <b>900 E OCEAN BLVD STE D-232 STUART, FL 34994</b>	Mailing Address <b>900 E OCEAN BLVD STE D-232 STUART, FL 34994</b>
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**40039901**



2. Principal Place of Business - No P.O. Box # <b>8 Rio Vista Dr.</b>	3. Mailing Address <b>8 Rio Vista Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02242008 Chg-P CR2E034 (12/06)

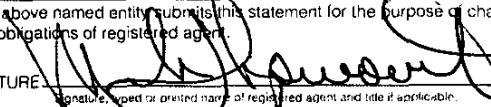
City & State <b>Stuart FL</b>	City & State <b>Stuart FL</b>
Zip <b>34996</b>	Zip <b>34996</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>30-0320580</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HEPWORTH, MICHAEL 900 E OCEAN BLVD D-232 STUART, FL 34994</b>	
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7. Name and Address of New Registered Agent	
Name <b>Michael Hepworth</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8 Rio Vista Dr.</b>	
City <b>Stuart</b>	FL <b>34996</b>

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 	DATE <b>02/24/08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEPWORTH, MICHAEL E IV 900 E OCEAN BLVD STE D-232 STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Hepworth 8 Rio Vista Dr. Stuart, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 other like empowered.	
SIGNATURE: 	DATE <b>2/22/2008</b>