## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 13, 2006 8:00 am **Secretary of State** DOCUMENT # P05000082907 1. Entity Name 02-13-2006 90024 031 \*\*\*150.00 SANDS MARINA SALES, INC. Principal Place of Business Mailing Address 2010 HARBORTOWN DRIVE SUITE 1 2010 HARBORTOWN DRIVE SUITE 1 FORT PIERCE FL 34946 FORT PIERCE FL 34946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State Applied For City & State 20-2961165 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NORMAN, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART FL 34994 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Defete TITLE DP Change Change NAME HESSEE, MARK NAME HESSEE, MARKS. STREET ADDRESS 6545 FLORIDANA AVE. STREET ADDRESS 2010 HARBORTOWN DRIVE SUITE 1 CITY-ST-ZIP MELBOURNE BEACH, AL 32951 CITY-ST-ZIP FORT PIERCE FL 34946 Change Addition ☐ Delete TITLE TITLE HESSEE, CLAUDIA S. NAME HESSEE, CLAUDIA NAME 4680 SUNRISE BLVD. 2010 HARBORTOWN DRIVE SUITE 1 STREET ADDRESS STREET ADDRESS FORT PIERCE , FL 34982 CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34946 □ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Detete TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

MARK S. HESSEE SIGNATURE: ~ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED

(112)460-3833