2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 10, 2008 8:00 am Secretary of State DOCUMENT # P05000100960 1. Entity Name 04-10-2008 90023 002 ***150.00 SANDANA CONSTRUCTION, INC. Principal Place of Business Mailing Address **405 WISTERIA STREET** P. O. BOX 9508 PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32417 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 20-3229620 Not Applicable Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 9108 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 City 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 pretted name of registered agent and the il applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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. 11. PTD TITLE ☐ Addition TITLE ☐ Delete NAME JACKSON, DANNY L NAME STREET ADDRESS 405 WISTERIA STREET STREET ADDRESS PANAMA CITY BEACH FL 32407 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change TITLE F ☐ Delete CitibbA 🔲 JACKSON, SANDRA L MARAF 405 WISTERIA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32407 CITY-ST-ZIP Addition TITLE Delete mre ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WILE ☐ Defete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE STREET ADDRESS STREET ADDRESS OffY-ST-ZIP CITY - ST- ZIP 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.

FILED