

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000117707</b>					
<b>1. Entity Name</b> SANDS CONTRACTING INC					
<b>Principal Place of Business</b> 805 E NORTH BAY ST TAMPA, FL 33603 US			<b>Mailing Address</b> 805 E NORTH BAY ST TAMPA, FL 33603 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc			
City & State		City & State		<b>4. FEI Number</b> 20-3350242	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SANDS, JONATHAN B 805 E NORTH BAY ST TAMPA, FL 33603				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> SANDS, JONATHAN B		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 805 E NORTH BAY ST	<b>CITY- ST- ZIP</b> TAMPA, FL 33603		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 
<b>TITLE</b> VP	<b>NAME</b> EDENS, VICKI L		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 805 E NORTH BAY ST	<b>CITY- ST- ZIP</b> TAMPA, FL 33603		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 	<b>CITY- ST- ZIP</b> 
<b>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</b>					
<b>SIGNATURE:</b> <i>Vicki L Edens</i>			<b>4/14/2008 (813) 993-0994</b>		