

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059604

Entity Name: SAND ENDEAVORS, INC.

FILED  
Aug 22, 2008  
Secretary of State

## Current Principal Place of Business:

27672 NW 87 ST.  
ALACHUA, FL 32615

## New Principal Place of Business:

## Current Mailing Address:

27672 NW 87 ST.  
ALACHUA, FL 32615

## New Mailing Address:

FEI Number: 26-0360576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SAND, PATRICIA J.  
27672 NW 87 ST.  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAND, PATRICIA J.  
Address: 27672 NW 87 ST.  
City-St-Zip: ALACHUA, FL 32615

Title: VT ( ) Delete  
Name: SAND, SEAN E.  
Address: 27672 NW 87 ST.  
City-St-Zip: ALACHUA, FL 32615

Title: VD ( ) Delete  
Name: SAND, JOHN C. JR.  
Address: 27672 NW 87 ST.  
City-St-Zip: ALACHUA, FL 32615

Title: VS ( ) Delete  
Name: SAND, SHANNON R.  
Address: 27672 NW 87 ST.  
City-St-Zip: ALACHUA, FL 32615

Title: VD ( ) Delete  
Name: DONALDSON, STACY J.  
Address: 27604 NW 87 ST.  
City-St-Zip: ALACHUA, FL 32615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J SAND

PRES

08/22/2008

Electronic Signature of Signing Officer or Director

Date