2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P92000004040

1. Entity Name

WHITE SANDS AUTO SALES OF F.W.B., INC.



Principal Ptace of Business

Mailing Address

205 NE RADETRACK ROAD FT WALTON BEACH, FL 32547 205 NE RADETRACK ROAD FT WALTON BEACH, FL 32547

FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90158 007 ***150.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 04222005 | No Chg-P | CR2E034 (10/03) | | |
|--------------|----------|-----------------|----------------|--|
| 4. FEI Numbe | | | Applied For | |
| 59-3154752 | | | Not Applicable | |
| | | | | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ARNEY, RUSSELL 205 NE RADETRACK ROAD FT WALTON BEACH, FL 32547

DO NOT WRITE

| | , | | | 114 | I NIS SPACE | | |
|--|---|----------------------------------|--------------------------------|-----------------------------|-------------|--|--|
| 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 Ag | ent signature | e required when rematating) | OATE . | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | 9 🗆 | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | • | | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | D ARNEY, RUSSELL 205 NE RADETRACK ROAD FT WALTON BEACH, FL 32547 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARNEY, CAROLYN 205 NE RADETRACK ROAD FT WALTON BEACH, FL 32547 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ~ | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | , | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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. Horida 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: