



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000087985 1. Entity Name ON THE SAND, INC.			
Principal Place of Business 185 OLD SAN CARLOS FORT MYERS BEACH, FL 33931 US		Mailing Address 12483 SUMMERWOOD DRIVE FORT MYERS, FL 33908	
DO NOT WRITE IN THIS SPACE			
			
		04212005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0706810	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
COULY, PATRICK 12483 SUMMERWOOD DR. FORT MYERS, FL 33908		DO NOT WRITE IN THIS 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	<div style="text-align: right; margin-bottom: 10px;">11000000327863 04/25/05-80055-009 150.00</div> DO NOT WRITE IN THIS SPACE	
NAME	COULY, PATRICK A		
STREET ADDRESS	12483 SUMMERWOOD DRIVE		
CITY - ST - ZIP	FORT MYERS, FL 33908		
TITLE			
NAME			
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CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing 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, 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.			
SIGNATURE: <u>Rosa Couly</u> <u>Sec.</u>		Date: <u>4/22/05</u> Daytime Phone #: <u>239-4660979</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			