2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000090832

1. Entity Name
SANDPIPER SIGN AND SCREEN PRINTING, INC.

FILED
Mar 31, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
4184 W GULF TO LAKE HWY LECANTO, FL 34461 US	P O BOX 976 LECANTO, FL 34460 US

01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
52-2008042
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COWLES, BRUCE H
3535 WEST COGWOOD CIRCLE
BEVERLY HILLS, FL 34465

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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: _____ U00000033631 05/31/04-80016-013 150.00
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COWLES, BRUCE H
STREET ADDRESS	3535 WEST COGWOOD CIRCLE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	D
NAME	GINDA, CHRISTINE J
STREET ADDRESS	3535 WEST COGWOOD CIRCLE
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #