

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000090832

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



Principal Place of Business
**4184 W GULF TO LAKE HWY
LECANTO, FL 34461 US**

Mailing Address
**P O BOX 976
LECANTO, FL 34460 US**

FILED
Feb 16, 2006 08:00 AM
Secretary of State



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2008042

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

6. 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 Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

000000436728
02/28/06-80012-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE H. COWLES

2/14/06

352-746-1351

Date

Daytime Phone #