
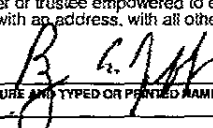


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000100318		
1. Entity Name SANDY PINES DEVELOPMENT CORPORATION		
Principal Place of Business 3391 BAYSIDE LAKES BLVD PALM BAY, FL 32908		Mailing Address 3391 BAYSIDE LAKES BLVD PALM BAY, FL 32908
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ENGLE, C D 712 PALMETTO AVENUE MELBOURNE, FL 32901		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 reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFERIES, BENJAMIN E 3391 BAYSIDE LAKES BLVD PALM BAY, FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ENGLE, C. DOUGLAS 712 PALMETTO AVE MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, RONALD 3391 BAYSIDE LAKES BLVD PALM BAY, FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSCO, ALBERT J 3391 BAYSIDE LAKES BLVD PALM BAY, FL 32909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3423148	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**