



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90146 020 ***150.00

DOCUMENT # P97000009367					
1. Entity Name CHA SANDPEBBLE, INC.					
Principal Place of Business 4500 140TH AVE. N. 204 CLEARWATER, FL 33762			Mailing Address 4500 140TH AVE. N. 204 CLEARWATER, FL 33762		
2. Principal Place of Business 2675 50TH AVE., NORTH Suite, Apt. #, etc. 123 B City & State ST. PETERSBURG, FL Zip 33714 Country PINELLAS		3. Mailing Address 2675 50TH AVE., NORTH Suite, Apt. #, etc. 123 B City & State ST. PETERSBURG, FL Zip 33714 Country PINELLAS			
4. FEI Number 59-3487423				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CARR, JOHN D 4500 140 AVE N STE 204 CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2675 50TH AVE., NORTH, STE. 123 B City ST. PETERSBURG FL Zip Code 33714		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, JOHN D 501 31ST AVE. N. ST. PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOLET, CONSTANCE R 1644 S LAKE AVE UNIT 3 CLEARWATER, FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELTNER, SANDRA L. 5508 RIVERSHORE DRIVE TAMPA, FL 33673	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>John D. Carr</u> <u>3/04/05</u> <u>727-522-1504</u> (Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Daytime Phone #)					

JOHN D. CARR PRES.