

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000009367

1. Entity Name
CHA SANDPEBBLE, INC.



Principal Place of Business
**2675 50TH AVE NORTH
123B
SAINT PETERSBURG, FL 33714**

Mailing Address
**2675 50TH AVE NORTH
123B
SAINT PETERSBURG, FL 33714**



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3487423

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

**CARR, JOHN D
2675 50TH AVE NORTH STE 123B
SAINT PETERSBURG, FL 33714**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000688078
04/10/07-80065-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARR, JOHN D
STREET ADDRESS	501 31ST AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	S
NAME	FELTNER, SANDRA L
STREET ADDRESS	5508 RIVERSHORE DRIVE
CITY-ST-ZIP	TAMPA, FL 33673
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

JOHN D. CARR, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-522-1504

Daytime Phone #