2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000027706

1. Entity Name
SILVER SANDS EASEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
% HOWARD GROUP 630 GRAND BLVD., STE. 100 DESTIN, FL 32541 US	% HOWARD GROUP 630 GRAND BLVD., STE. 100 DESTIN, FL 32541 US

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3495737
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEITH, HOWARD J
830 GRAND BLVD. SUITE 100
DESTIN, FL 32541

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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 _____ DATE
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, 2006 Fee will be $550.00

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

U00000549310
05/13/06-80017-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWARD, KEITH
STREET ADDRESS	630 GRAND BLVD, STE 100
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	MIXON, STEVE
STREET ADDRESS	P O BOX 9136
CITY-ST-ZIP	MOBILE, AL 36691
TITLE	D
NAME	BURTON, ROE
STREET ADDRESS	165 N. BELTONE HWY.
CITY-ST-ZIP	MOBILE, AL 36608
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 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: _____ 4/28/06 (251) 343-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #