


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

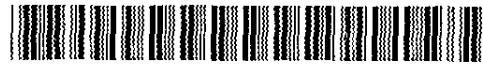
**DOCUMENT # P99000000856**

1. Entity Name  
**SANDIBAR, INC.**



Principal Place of Business      Mailing Address

**13564 FALCON POINTE DR  
ORLANDO, FL 32837 US**      **13564 FALCON POINTE DR  
ORLANDO, FL 32837 US**



**DO NOT WRITE IN THIS SPACE**

03102004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3550605**      Not Applicable

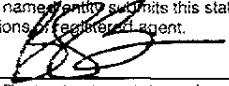
5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARNETTE, BARBARA  
13564 FALCON POINTE DR.  
ORLANDO, FL 32837**

**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:       DATE: **3/19/04**

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, 2004 Fee will be \$550.00**

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

U00000104912  
04/07/04-80002-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARNETTE, B 13564 FALCON POINTE DR ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARNETTE, JOHN 13564 FALCON PT DR ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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IN THIS SPACE**

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:       SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/03**      **407-758-5501**

Daytime Phone #