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Secretary of State
05-05-2004 90224 031 ***150.00

5/5/

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000007588

1. Entity Name
SANDMAN 99, INC.

66426423

Principal Place of Business	Mailing Address
~~10075 GULF BLVD.~~	~~10075 GULF BLVD.~~
~~TREASURE ISLAND, FL 33706~~ #101	~~TREASURE ISLAND, FL 33706~~
7116 GREVILLA AVE	P.O Box 9589
South PASADENA FL 33707	TREASURE ISLAND FL 33740

01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3551157
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
(PHYSICAL ADDRESS)

MANCINI, LEE
~~10220 TARPON DR~~ 7116 GREVILLA AVE #101
~~SAINT PETERSBURG, FL 33706~~ South PASADENA FL 33707

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANCINI, LEE
STREET ADDRESS	~~10225 TARPON DR~~ P.O Box 9589
CITY-ST-ZIP	TREASURE ISLAND, FL ~~33706~~ TREASURE ISLAND FL 33740
TITLE	D
NAME	MANCINI, SANDRA A
STREET ADDRESS	~~10220 TARPON DR~~ P.O Box 9589
CITY-ST-ZIP	SAINT PETERSBURG, FL ~~33706~~ TREASURE ISLAND FL 33740
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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: Lee Mancini 5/28/04 (727)345-5623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #