## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P99000008136

Entity Name
SANDPIPER INVESTMENT GROUP, INC.



FILED Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

P.O. BOX 1377 LIVE OAK, FL 32064 Mailing Address P.O. BOX 1377 LIVE OAK, FL 32064

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03062004 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3556058

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AFRICANO, J. VICTOR ESQ 106 WHITE AVE., STE. B LIVE OAK, FL 32064

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8. The above name the obligations	ed entity submits this statement for the p of registered agent.	urpose of changing its registered office	e or n	egistered agent, or bo	oth, in the State of Florida. I am Iamiliar wi	th, and accept
SIGNATURE	ture, typed or printed name of registered agent and site	applicable (NOTE Registered Agent's	ignature	required when reinstating)	DATE	<del></del>
FILE N After May 1	OWIII FEE IS \$150.00 , 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000089036 03/15/04-80076-004 19	50.00
10.	OFFICERS AND DIREC	TORS			<u> </u>	<del></del>

STIF SIKES, DONALD W STREET ADDRESS 7161 RAILROAD ST. CITY-ST-ZIP LIVE OAK, FL 32060 TITLE HOWELL, J. EDWARD NAME P.O. BOX 850 STREET ADDRESS CITY-ST-ZIP LIVE OAK, FL 32064 TITLE NAME MULLIS, DAVID F STREET ADDRESS P.O. BOX 237 CITY-SY-ZIP LIVE OAK, FL 32064 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 333LE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filting 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 path; 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

DAUID F. MULLIS

March 06, 2004

386 362-6169