## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT (AR) DOCUMENT # P99000014854

## FILED Mar 22, 2004 8:00 am Secretary of State

1. Entity Nam		# 1 990000140	, o -			Secretary of State	
SAND IN	MY SHO	ES, INC.				03-22-2004 90301 021 ***150.00	
Principal Place of Business			Mailing Address	Mailing Address			
1014 SE HANCOCK BRIDGE PARKWAY CAPE CORAL FL 33990			1014 SE HANCOCK BRIDGE PARKWAY CAPE CORAL FL 33990		PARKWAY	010020	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State			City & State			4. FEI Number 65-1070682 Applied Not Appl	d For plicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required	ıal	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
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WRIGHT, JACQUE' 1014 HANCOCK RIDGE PARKW CAPE CORAL FL 33990			'AY		Street Address (P.O. Box Number is Not Acceptable)		
				·		FL Zip Code	
8. The above	named entit	v submits this statement	for the ournose of changing it	s register	ed office or regis:	ered agent, or both, in the State of Florida. I am familiar with, and	accent
	ions of regist		tor the purpose of ortaliging it	o regiotori	od omec or regio		accopi
SIGNATURE .	Signature, typed	or printed name of registered age	mt and title if applicable. (NO	TE: Registere	d Agent signature requi	ed when reinstating) DATE	_
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Afte	r May 1, 200	!! FEE IS \$150.00 \ 04 Fee will be \$550.00	<ul> <li>* * *** * * * * * * * * * * * * * * *</li></ul>			9. Election Campaign Financing \$5.00 M Trust Fund Contribution.  Added to F	
Afte Make Check	r May 1, 200	04 Fee will be \$550.00 o Florida Department	of State			Trust Fund Contribution.   Added to F	ees
After Make Check 10.	r May 1, 200	04 Fee will be \$550.00 o Florida Department	of State  D DIRECTORS	11.	; px	Trust Fund Contribution. Added to F  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ees 11
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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.

| Court | Court

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #