

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P99000052652

1. Entity Name
WINDOWS & BEYOND BY SANDY, INC.



Principal Place of Business

6158 SW STATE RD. 200, SHOPS OF JASMINE,
SUITE 204
OCALA, FL 34476

Mailing Address

6158 SW STATE RD. 200, SHOPS OF JASMINE,
SUITE 204
OCALA, FL 34476



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3581600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUTCH, R. WILLIAM
500 NE 8TH AVE.
OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
SCOTT, SANDRA L
STREET ADDRESS
5204 SW 115ST RD
CITY-ST-ZIP
OCALA, FL 34476

TITLE
NAME
D
SMITH, LATARISHA
STREET ADDRESS
19405 VIA DEL MAR #212
CITY-ST-ZIP
TAMPA, FL 33647

TITLE
NAME
D
SCOTT, DEMETRIA
STREET ADDRESS
5204 SW 115 ST RD
CITY-ST-ZIP
OCALA, FL 34476

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**

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04/27/07-80055-022 158.75

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 the empowered.

SIGNATURE:

Sandra Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07 352-875-8702
Daytime Phone #