


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000052652 1. Entity Name WINDOWS & BEYOND BY SANDY, INC.	
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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
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3581600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 *Sandra Scott* DATE 4/28/08
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, SANDRA L 5204 SW 115ST RD OCALA, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LATARISHA 19405 VIA DEL MAR #212 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, DEMETRIA 5204 SW 115 ST RD 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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05/23/08-80077-003 150.00

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IN THIS SPACE**

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 like empowered.

SIGNATURE: *Sandra Scott* DATE 4/28/08 DAYTIME PHONE # 352-861-2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR