## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000058449**

1. Entity Name

SAND DOLLAR REALTY, INC. OF N.W. FLORIDA



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

209 OAKWOOD CIR. NICEVILLE, FL 32578 209 OAKWOOD CIR. NICEVILLE, FL 32578



DO NOT WRITE IN THIS SPACE

01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3589950

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

820 -

585-6104

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

CALLICOTTE, EDWARD L 209 OAKWOOD CIR. NICEVILLE, FL 32578

## 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 nerve of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS		<del></del>	<u> </u>
TITLE	D				
NAME CARREST ADDRESS	CALLICOTTE, EDWARD L 209 OAKWOOD CIR.				
STREET ADDRESS CITY-ST-ZIP	NICEVILLE, FL 32578				
TITLE					100000577181 01/08/07-80006-008 150.00
NAME					01/08/07-80006-008 150.00
STREET ADDRESS					
CITY-ST-ZIP		····			
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
TITLE				INI '	THIS SPACE
NAME				11.4	I HIS SPACE
STREET ADDRESS					
CITY-ST-ZIP	<u> </u>				
MLE					
NAME Street Address					
CITY-ST-ZIP					
IIILE					
NAME					1
STREET ADDRESS					

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

GOWARD

CALLIERTS