

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000067963

1. Entity Name
SANDBOX PROPERTIES, INC.



Principal Place of Business
**1841 SW MONTEREY LANE
PORT ST. LUCIE, FL 34953**

Mailing Address
**1841 SW MONTEREY LANE
PORT ST. LUCIE, FL 34953**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0938920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEL GATTO, DAVID
1841 SW MONTEREY LANE
PORT ST. LUCIE, FL 34953**

**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**

**000000655960
03/14/07-80007-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATTHEWS, CRAIG C
STREET ADDRESS	2142 SE ABCOR ROAD
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952

TITLE	D
NAME	DEL GATTO, DAVID
STREET ADDRESS	1841 SW MONTEREY LANE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *David Del Gatto* DAVID DEL GATTO 2-28-07 772-878-6899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #