

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000074304

1. Entity Name  
SANDS DESIGN, INC.



Principal Place of Business  
P.O. BOX 3375  
TALLAHASSEE, FL 32315-3375

Mailing Address  
P.O. BOX 3375  
TALLAHASSEE, FL 32315-3375

FILED  
CLERK OF THE COURT  
DIVISION OF CORPORATIONS  
04 JAN 26 PM 2:05

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01262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3636982

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FLORIDA FILING & SEARCH SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303

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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

400028312184  
02/06/04--01003--008 \*\*150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HAND, AMY L  
STREET ADDRESS P.O. BOX 3375  
CITY-ST-ZIP TALLAHASSEE, FL 32315

TITLE VS  
NAME BALLARD, LESLEY L  
STREET ADDRESS P.O. BOX 3375  
CITY-ST-ZIP TALLAHASSEE, FL 32315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

Date

850-339-7972

Daytime Phone #