

**2008 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

08 APR -7 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**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, 2008 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

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4/7

200122471832
04/07/08--01019--024 **150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LESLEY L. BALLARD

4/7/08

Date

850-339-7972

Daytime Phone #