


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # S42527	
1. Entity Name THE SANDTRAP OF FORT WALTON BEACH, INC.	

Principal Place of Business 316 LEAH MILLER DRIVE NW FORT WALTON BEACH, FL 32548 US	Mailing Address 316 LEAH MILLER DRIVE NW FORT WALTON BEACH, FL 32548 US
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3066764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WORKMAN, ROBERT M. 316 LEAH MILLER DRIVE NW FORT WALTON BEACH, FL 32548	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000051429 02/16/04-80051-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WORKMAN, ROBERT M. 316 LEAH MILLER DRIVE NW FORT WALTON BEACH, FL 32548
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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: Robert M. Workman **ROBERT M. WORKMAN Pres.** 2-12-04 850-243-8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #