

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45876

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: SILVER SANDS OF BAY COUNTY, INC.

**Current Principal Place of Business:**

330 MOONLIGHT BAY DRIVE  
PANAMA CITY BEACH, FL 324072827 US

**New Principal Place of Business:**

**Current Mailing Address:**

330 MOONLIGHT BAY DRIVE  
PANAMA CITY BEACH, FL 324072827 US

**New Mailing Address:**

FEI Number: 59-3060936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALONE, C STEPHEN  
330 MOONLIGHT BAY DRIVE  
PANAMA CITY BEACH, FL 324072827 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: MALONE, C. STEPHEN  
Address: 330 MOONLIGHT BAY DR  
City-St-Zip: PANAMA CITY BEACH, FL 324072827

Title: VP ( ) Delete  
Name: MALONE, CLINT  
Address: P.O. BOX 643113  
City-St-Zip: VERO BEACH, FL 32964

Title: ST ( ) Delete  
Name: MALONE, JUDY  
Address: 330 MOONLIGHT BAY DR  
City-St-Zip: PANAMA CITY BEACH, FL 324072827

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. STEPHEN MALONE

PRES

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date