### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # S65786**

1. Entity Name

SANDPIPER KEY DEVELOPMENT COMPANY, INC.



Principal Place of Business

3579 ACCESS ROAD

SUITE L

ENGLEWOOD, FL 34224 US

Mailing Address

3579 ACCESS RD #L

ENGLEWOOD, FL 34224 - US

FILED

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SECHETURY OF STATE
TALL AMASSEE FLORIDA

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No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0280471 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWELL, DARRYL A 3579 S. ACCESS RD. ENGLEWOOD, FL 34224

## DO NOT WRITE IN THIS SPACE

| 8 | 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in th | e State of Florida. | am familiar with, and accept |
|---|--|---------------------|------------------------------|
|   | the obligations of registered agent.   | ۸.                  |                              |
|   |  |                     |                              |

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, 2004 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10.                                     | OFFICERS AND DIRECTORS   |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DP NEWELL, DARRYL A DIRECTO 3579 ACCESS RD. ENGLEWOOD, FL 34224  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D DIGNAM, THOMAS M DIRECTO 1201 S. MCCALL RD.' ENGLEWOOD, FL 34223   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |  |
| TITLE . NAME STREET ADDRESS CITY-ST-ZIP |  |
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|   | and the state of t |

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12. Thereby 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 chapter does not appear with an address with all other like empowered.

CICNATURE

SIGNATURE AND

OR PRINTED NAME OF SIGNING OFFICER OR DIRE

L. Derectr

4-9-04

Date

Daytime Phone #