⁻2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V68401

1. Entity Name

SANDY LAKES DEVELOPMENT CORPORATION



US

FILED Mar 29, 2007 08:00 AM Secretary of State

Principal Place of Business

339 ANCLOTE ROAD

TARPON SPRINGS, FL 34689

Mailing Address

339 ANCLOTE RD

TARPON SPRINGS, FL 34689

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3146772

03202007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PURCELL, RAYMOND E 339 ANCLOTE RD TARPON SPRINGS, FL 34689

TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

TARFON	3FK8193, FL 34009			IN T	HIS SPACE	
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bott	h, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PURCELL, RAYMOND E 339 ANCLOTE RD TARPON SPRINGS, FL 34689					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURCELL, CAROLYN L 339 ANCLOTE RD TARPON SPRINGS, FL 34689				U00000681815 04/04/07-80060-021 150.0)0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN 7	THIS SPACE	!
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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: Acade Supplied And Type De Printe Name Officer De Director Date Date Deviane Profes