

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063971

**FILED**  
**Jan 22, 2006**  
**Secretary of State**

**Entity Name:** SEA & SAND DEVELOPMENT, INC.

**Current Principal Place of Business:**

651 PINE DR #105  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

541 HOLIDAY ACRES DR.  
SPRINGVILLE, TN 38256

**Current Mailing Address:**

651 PINE DR #105  
POMPANO BEACH, FL 33060

**New Mailing Address:**

541 HOLIDAY ACRES DR  
SPRINGVILLE, TN 38256

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

ZIMMERMAN, STEPHEN L  
737 E ATLANTIC BLVD.  
POMPANO BEACH, FL 33060    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:            PRES            ( ) Delete  
Name:            CIAROCCHI, ROGER N SR  
Address:        651 PINE DR #105  
City-St-Zip:    POMPANO BEACH, FL 33060

Title:            VPRE            ( ) Delete  
Name:            CIAROCCHI, LISA D  
Address:        651 PINE DR #105  
City-St-Zip:    POMPANO BEACH, FL 33060

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

Title:            PRES            (X) Change ( ) Addition  
Name:            CIAROCCHI, ROGER N SR  
Address:        541 HOLIDAY ACRES DR  
City-St-Zip:    SPRINGVILLE, TN 38256

Title:            VPRE            (X) Change ( ) Addition  
Name:            CIAROCCHI, LISA D  
Address:        541 HOLIDAY ACRES DR  
City-St-Zip:    SPRINGVILLE, TN 38256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROGER N. CIARROCCHI SR.

PRES

01/22/2006

Electronic Signature of Signing Officer or Director

Date