

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 551924	
1. Entity Name SUNBURST TROPICAL FRUIT COMPANY	

Principal Place of Business 7113 HOWARD RD. PO BOX 514 BOKEELIA FL 33922	Mailing Address 7113 HOWARD RD. PO BOX 514 BOKEELIA FL 33922
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-1779094	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent GROCHOWSKI, G E 7113 HOWARD RD BOKEELIA FL 33922	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GROCHOWSKI, RAYMOND M 6607 KEYSTONE DR SARASOTA FL 34231 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, LAURA M 13429 2ND AVE NE BRADENTON FL 34212 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GROCHOWSKI, GERARD E 7113 HOWARD RD. BOKEELIA FL 33922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JOHN 13429 2ND AVE NE BRADENTON FL 34212 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000929107 05/21/08-80055-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *G. E. Grochowski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 **239**
283-1200