


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90090 031 \*\*\*\*61.25

**DOCUMENT # 741297**

1. Entity Name  
**SUNSET, INC.**



Principal Place of Business <b>6400 ESTERO BLVD.          FT MYERS BCH, FL 33931 US</b>	Mailing Address <b>6400 ESTERO BLVD          FT MYERS BCH, FL 33931 US</b>
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**66004938**



02142008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1841590</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LYNCH, LILLIAN T.  
 6400 ESTERO BLVD  
 UNIT 1001  
 FT MYERS BCH, FL 33931**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when recertifying)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ROWE, CHARLES 6400 ESTERO BLVD UNIT 802 FT MYERS BCH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD LYNCH, LILLIAN T 6400 ESTERO BLVD #1001 FT MYERS BCH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MCGUIRK, JOHN 6400 ESTERO BLVD UNIT 803 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D VIECELI, DAVID 6400 ESTERO BLVD., UNIT 405 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HENKEL, MARILYN J 6400 EST & BLVD-8804 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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 617, 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: *Lillian T. Lynch* **3/10/06 239-4636066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR