

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90030 005 ***150.00



DOCUMENT # P05000160689

1. Entity Name
SUNSET VIEW DEVELOPMENT CORPORATION

Principal Place of Business
**10410 SEMINOLE BOULEVARD
 SUITE 1
 SEMINOLE, FL 33778 US**

Mailing Address
**10410 SEMINOLE BOULEVARD
 SUITE 1
 SEMINOLE, FL 33778 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3934168	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOFSTRA, PETER T
 8640 SEMINOLE BOULEVARD
 SEMINOLE, FL 33772**

**DO NOT WRITE
 IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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	P DONOVAN, GEORGE C JR. 10410 SEMINOLE BOULEVARD, STE. 1 SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MARY, SOMICK 10410 SEMINOLE BOULEVARD, STE. 1 SEMINOLE, FL 33772
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**DO NOT WRITE
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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 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: *Mary Somick* **Mary Somick** *1/4/08* **7273936709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #