

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 562128

Entity Name: SUNFIELD HOMES, INC.**Current Principal Place of Business:**3600 GALILEO DRIVE
SUITE 104
NEW PORT RICHEY, FL 34655**Current Mailing Address:**3600 GALILEO DRIVE
SUITE 104
NEW PORT RICHEY, FL 34655**FEI Number:** 59-1820403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VITALE, JULIE
3600 GALILEO DRIVE
SUITE 104
NEW PORT RICHEY, FL 34655 US*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**Officer/Director Detail :**

Title	V
Name	BUCK, PATRICIA O
Address	3600 GALILEO DRIVE, SUITE 104
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	VST
Name	ORSI, DEBORAH E
Address	3600 GALILEO DRIVE, SUITE 104
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	DP
Name	ORSI, JOSEPH
Address	3600 GALILEO DRIVE, SUITE 104
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	V
Name	VITALE, JULIE
Address	3600 GALILEO DRIVE, SUITE 104
City-State-Zip:	NEW PORT RICHEY FL 34655

Title	V
Name	ORSI, JENNIFER
Address	3600 GALILEO DRIVE SUITE 104
City-State-Zip:	NEW PORT RICHEY FL 34655

I hereby 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 all other like empowered.

SIGNATURE: JULIE VITALE

V

03/13/2013

Electronic Signature of Signing Officer/Director Detail_____
Date