

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J10116

Entity Name: SUNSTREAM, INC.**Current Principal Place of Business:**6231 ESTERO BOULEVARD
3RD FLOOR
FORT MYERS BEACH, FL 33931**Current Mailing Address:**6231 ESTERO BOULEVARD
3RD FLOOR
FORT MYERS BEACH, FL 33931**FEI Number:** 58-1674018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GANNON, ANNE
6231 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931 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	VSD
Name	VOGEL, JAMES D.
Address	4099 TAMIAMI TRAIL NORTH SUITE 200
City-State-Zip:	NAPLES FL 34103
Title	D
Name	VOGEL, RICHARD M
Address	4099 TAMIAMI TRAIL NORTH SUITE 200
City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR
Name	GUSTAFSON, CORY
Address	6231 ESTERO BOULEVARD 3RD FLOOR
City-State-Zip:	FORT MYERS BEACH FL 33931

Title	DV
Name	SWANSON, ROBERT J
Address	6231 ESTERO BOULEVARD 3RD FLOOR
City-State-Zip:	FORT MYERS BEACH FL 33931
Title	DPT
Name	LAWRENCE, DAVID A.
Address	6231 ESTERO BOULEVARD
City-State-Zip:	FORT MYERS BEACH FL 33931

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: DAVID A. LAWRENCE**PRESIDENT****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date