## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 343004**

Entity Name: SUNSPORT GARDENS INC

14125 NORTH ROAD

LOXAHATCHEE, FL 33470

Address:

City-St-Zip:

FILED Jan 16, 2009 Secretary of State

Entity Nar	me: SUNSP	ORT GARDENS INC					
Current P	rincipal Plac	e of Business:	New Principal Place of Business:				
14125 NOF LOXAHAT	RTH RD CHEE, FL 3	3470					
Current M	lailing Addr	ess:	New Mailing Address:				
14125 NOF LOXAHAT	RTH RD CHEE, FL 3	3470					
FEI Number:	: 59-1618227	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desir	ed ( )	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
14125 NOF	i, MORLEY RTH ROAD CHEE, FL 3	3470 US					
	named entit e of Florida.	submits this statement for the p	urpose of changing i	ts registered o	ffice or registered agent	, or both,	
SIGNATUR	RE:						
	Electro	onic Signature of Registered Age	nt	Date			
Election Car	npaign Financ	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SCHLOSS, M 14125 NORT		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	FLICK, CARL 221 34TH ST		Title: Name: Address: City-St-Zip:	VP (X) CHAUSSE, KEI 14125 NORTH I LOXAHATCHEE	ROAD		
Title: Name: Address: City-St-Zip:	BAISDEN, W 786 SE WHIT		Title: Name: Address: City-St-Zip:	S (X) GAUDET, CHRI 14125 NORTH I LOXAHATCHEE	ROAD		
Title: Name:	T REAMER, SA	) Delete NDRA	Title: Name:	( )	Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MORLEY SCHLOSS P 01/16/2009