2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 413289

1. Entity Name
SUN STATE DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
3131 FLIGHTLINE DR SUITE 313 LAKELAND, FL 33811	3131 FLIGHTLINE DR SUITE 313 LAKELAND, FL 33811

DO NOT WRITE IN THIS SPACE

02192007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1459367	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, DONALD K DP
3131 FLIGHTLINE DR
SUITE 313
LAKELAND, FL 33811

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	DP	
NAME	STEPHENS, DONALD K	
STREET ADDRESS	3131 FLIGHTLINE DR, STE 313	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	VP	
NAME	ADAMS, ROBERT J	
STREET ADDRESS	3020 SO FL AVE, STE 101	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/06/07-80072-025 150.00

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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: _____ 2/19/07 (863)646-7558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #