


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 413394
 1. Entity Name
SUN COVE OF KISSIMMEE, INC.



Principal Place of Business Mailing Address
4425 SO PLEASANT HILL ROAD **4425 SO PLEASANT HILL ROAD**
KISSIMMEE, FL 34746 **KISSIMMEE, FL 34746**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1427809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HADLEY, DEAN D.
4425 PLEASANT HILL RD
KISSIMMEE, FL 34746

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 _____

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


U00000781038
 01/15/08-80020-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HADLEY, DEAN D 4425 SO PLEASANT HILL RD KISSIMMEE, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HADLEY, BARBARA A 4425 PLEASANT HILL ROAD KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HADLEY, TED D 4425 PLEASANT HILL ROAD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  1/10/08 407-933-5870