

**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
**4425 SO PLEASANT HILL ROAD
KISSIMMEE, FL 34746**

Mailing Address
**4425 SO PLEASANT HILL ROAD
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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000781038
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,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HADLEY, BARBARA A 4425 PLEASANT HILL ROAD KISSIMMEE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HADLEY, TED D 4425 PLEASANT HILL ROAD KISSIMMEE, FL 34746
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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: _____

Dean D. Hadley

1/10/08

407-933-5870