2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #416079

SUNNY GROVE MOBILE HOME PARK INC



FILED Feb 16, 2007 08:00 AN Secretary of State

Principal Place of Business

2463 GULF TO BAY CLEARWATER FL 34625 Mailing Address

2463 GULF TO BAY CLEARWATER, FL 34625



02122007

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-1435543

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRUCHEN, AUDREY 7924 TENTH AVENUE SOUTH ST. PETERSBURG, FL 33707

ST PETERSBURG, FL

7924 TENTH AVE S

ST PETERSBURG, FL

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	named entity submits this statement for the plants of registered agent.	urpose of changing its regi	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and	accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	fappicable. (NOTE Reg	stered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign F Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees		•
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D HINK, JEAN MARIE SUGARFOOT LANE TRILBY, FL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			•	
TITLE NAME STREET ADDRESS	D STRUCHEN, FRANK E. 7924 TENTH AVENUE SOUTH	1 R 101			U00000637857 02/27/07-80006-016 150.00	J ~

STRUCHEN, AUDREY W. 7924 TENTH AVENUE SOUTH DO NOT WRITE ST. PETERSBURG, FL IN THIS SPACE STRUCHEN, ROBERT

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

CITY-ST-DP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP