

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 456328

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: SUN COUNTRY LAND, INC.

## Current Principal Place of Business:

18650 U.S. HWY 441  
MOUNT DORA, FL 32757

## New Principal Place of Business:

## Current Mailing Address:

18650 U.S. HWY 441  
MOUNT DORA, FL 32757

## New Mailing Address:

FEI Number: 59-1565640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUDECKE, CHERYL  
18650 U.S. HWY 441  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LUDECKE, CHERYL  
Address: 18650 U.S. HWY 441  
City-St-Zip: MOUNT DORA, FL 32757

Title: VP ( ) Delete  
Name: LUDECKE, CARL  
Address: 18650 U.S. HWY 441  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CHERYL LUDECKE

DP

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date