


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90053 044 \*\*\*\*61.25

<b>DOCUMENT # 751494</b> 1. Entity Name <b>SUNRUNNERS OF VERO BEACH, INC.</b>																																																																																																																								
Principal Place of Business <b>2046 14TH AVE</b> <b>P.O. BOX 3032</b> <b>VERO BEACH, FL 32964-3032</b>		Mailing Address <b>P.O BOX 3032</b> <b>VERO BEACH, FL 32964-3032 US</b>																																																																																																																						
2. Principal Place of Business - No P.O. Box # <b>3200 EAGLE DR 1</b>		3. Mailing Address  																																																																																																																						
Suite, Apt. #, etc. <b>#1</b>		Suite, Apt. #, etc.  																																																																																																																						
City & State <b>VERO BEACH, FL</b>		City & State  																																																																																																																						
Zip <b>32963</b>		Country <b>USA</b>																																																																																																																						
4. FEI Number <b>59-2069274</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																						
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																						
<b>6. Name and Address of Current Registered Agent</b> <b>CLARK, ROBERT C.</b> <b>6012 DEBORAH WAY</b> <b>FORT PIERCE, FL 34951</b>		<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																								
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																						
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>																																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">TD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DALY, TOM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3200 EAGLE DR., #1</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VERO BEACH, FL 32963</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAFFER, HELEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3055-10TH PKWY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VERO BEACH, FL 32965</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GLABB, SHERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>205 LIVE OAK DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VERO BCH, FL 32963</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RADFORD, PATTI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>340 8TH TERRACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>VERO BEACH, FL 32962</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	TD	<input type="checkbox"/> Delete	NAME	DALY, TOM		STREET ADDRESS	3200 EAGLE DR., #1		CITY - ST - ZIP	VERO BEACH, FL 32963		TITLE	PD	<input type="checkbox"/> Delete	NAME	SHAFFER, HELEN		STREET ADDRESS	3055-10TH PKWY		CITY - ST - ZIP	VERO BEACH, FL 32965		TITLE	VD	<input type="checkbox"/> Delete	NAME	GLABB, SHERRY		STREET ADDRESS	205 LIVE OAK DR		CITY - ST - ZIP	VERO BCH, FL 32963		TITLE	VD	<input type="checkbox"/> Delete	NAME	RADFORD, PATTI		STREET ADDRESS	340 8TH TERRACE		CITY - ST - ZIP	VERO BEACH, FL 32962		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 617, 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.																																																																																																																								
<b>SIGNATURE:</b> _____ <i>June - 3/18/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																								

40065757



03182008 Chg-NP CR2E037 (12/06)

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 751494

1. Entity Name  
SUNRUNNERS OF VERO BEACH, INC.



Principal Place of Business  
2046 14TH AVE  
P.O. BOX 3032  
VERO BEACH, FL 32964-3032

Mailing Address  
P.O. BOX 3032  
VERO BEACH, FL 32964-3032 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-2069274

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, ROBERT C.  
6012 DEBORAH WAY  
FORT PIERCE, FL 34951

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE:

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	DALY, TOM	
STREET ADDRESS	3200 EAGLE DR., #1	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GERLI, NINA	
STREET ADDRESS	3055-10TH PKWY	
CITY-ST-ZIP	VERO BEACH, FL 32965	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLABB, SHERRY	
STREET ADDRESS	205 LIVE OAK DR	
CITY-ST-ZIP	VERO BCH, FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RADFORD, PATTI	
STREET ADDRESS	340 8TH TERRACE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHERRY, BOB	
STREET ADDRESS	1055 6TH AVE #3	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D HELEN SHAFER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #