

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F89425**

1. Entity Name  
**SUNKISS GROVES, INC.**



Principal Place of Business  
**2323 SANDY PINE DRIVE  
PUNTA GORDA, FL 33982 US**

Mailing Address  
**2323 SANDY PINE DRIVE  
PUNTA GORDA, FL 33982 US**



01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2200265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SAFRON, ELWOOD P  
2323 SANDY PINE DRIVE  
PUNTA GORDA, FL 33982**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000682308  
04/04/07-80081-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SAFRON, ELWOOD P
STREET ADDRESS	2323 SANDY PINE DR.
CITY-ST-ZIP	PUNTA GORDA, FL

TITLE	DVST
NAME	SAFRON, BARBARA ANN
STREET ADDRESS	2323 SANDY PINE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33982

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

**Sunkiss Groves, Inc.**

SIGNATURE: By: Elwood P. Safran  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 941-575-1234

Date Daytime Phone #

**Elwood P. Safran, President**