

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F94000006676

1. Entity Name
SUN CITY CENTER OFFICE PLAZA, INC.



Principal Place of Business

**11595 KELLY RD
SUITE 219-A
FORT MYERS, FL 33908**

Mailing Address

**PO BOX 07026
FORT MYERS, FL 33919**

DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3298531

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, MATTHEW
5014 THE RIVIERA
TAMPA, FL 33609**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000643310
03/01/07-80081-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VS
NAME	STARKEY, JERRY L
STREET ADDRESS	24301 WALDEN CENTER DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	ST
NAME	DIETZ, JAMES
STREET ADDRESS	24301 WALDEN CENTER DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	ACKERMAN, DON E
STREET ADDRESS	24311 WALDEN CENTER DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	PDCV
NAME	HOFFMAN, MATTHEW
STREET ADDRESS	5014 THE RIVIERA
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #