

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006676

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: SUN CITY CENTER OFFICE PLAZA, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

15550 MCGREGOR BLVD  
SUITE 101  
FORT MYERS, FL 33908

## Current Mailing Address:

PO BOX 07026  
FORT MYERS, FL 33919

## New Mailing Address:

FEI Number: 59-3298531      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOFFMAN, MATTHEW  
5014 THE RIVIERA  
TAMPA, FL 33609      US

## Name and Address of New Registered Agent:

HOFFMAN, ALFRED JR.  
11200 LONGWATER CHASE CT  
FORT MYERS, FL 33908      US

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: ALFRED HOFFMAN, JR.

01/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS      ( ) Delete  
Name: STARKEY, JERRY L  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST      ( ) Delete  
Name: DIETZ, JAMES  
Address: 24301 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D      ( ) Delete  
Name: ACKERMAN, DON E  
Address: 24311 WALDEN CENTER DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PDCV      (X) Delete  
Name: HOFFMAN, MATTHEW  
Address: 5014 THE RIVIERA  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD      (X) Change ( ) Addition  
Name: HOFFMAN, ALFRED JR.  
Address: 15550 MC GREGOR BLVD, SUITE 101  
City-St-Zip: FORT MYERS, FL 33908

Title: VS      (X) Change ( ) Addition  
Name: HOFFMAN, MATTHEW P  
Address: 5014 THE RIVIERA  
City-St-Zip: TAMPA, FL 33609

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: ALFRED HOFFMAN, JR.

PRES

01/11/2008

Electronic Signature of Signing Officer or Director

Date