


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90013 031 \*\*\*150.00

<b>DOCUMENT # F96085</b> 1. Entity Name <b>SUN CITY LIVING REALTY OF FLORIDA, INC.</b>					
Principal Place of Business <b>3830 ST RD 674 STE #102 P.O. BOX 5273 SUN CITY CENTER, FL 33571-5273</b>			Mailing Address <b>PO BOX 5273 SUN CITY CENTER, FL 33571</b>		
2. Principal Place of Business - No P.O. Box # <b>1601 Rickenbacker Dr</b>			3. Mailing Address Suite, Apt. #, etc. <b>Suite 8</b>		
City & State <b>Sun City Center, FL 33573</b>			City & State <b>Sun City Center FL</b>		
Zip <b>33573</b>		Country <b>US</b>		4. FEI Number <b>59-2213751</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WHITE, ROBERT S 3830 ST RD 674 STE 102 SUN CITY CENTER, FL 33571-5273</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1601 Rickenbacker DR, Suite 8</b> City <b>Sun City Center</b> <b>FL</b> Zip Code <b>33573</b>					
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 <b>March 15, 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WHITE, ROBERT S 1507 FLAMINGO LANE SUN CITY CENTER, FL 33573</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Robert S. White</i> Robert S. White 3/15/08 813-633-2222</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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