

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000001136**

1. Entity Name  
**SUNSET RANCHES, INC.**



Principal Place of Business  
**9400 S DADELAND BLVD  
STE 605  
MIAMI, FL 33156**

Mailing Address  
**9400 S DADELAND BLVD  
STE 605  
MIAMI, FL 33156**



03092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-2667121**

Applied For  
Not Applicable

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

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

**GIACALONE, JACK W  
250 S PARK AVE  
STE 395  
WINTER PARK, FL 32789**

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

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	KUCHARCZYK, JOHN
STREET ADDRESS	13301 EIGHT MILE RD.
CITY-ST-ZIP	WARREN, MI 48089
TITLE	DS
NAME	GIACALONE, JOSEPH
STREET ADDRESS	13301 EIGHT MILE RD.
CITY-ST-ZIP	WARREN, MI 48089
TITLE	V
NAME	GIACALONE, JACK W
STREET ADDRESS	250 S PARK AVE, STE 395
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000732776  
05/09/07-80059-013 150.00

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

**4-24-07 907 647-4800**

Date Daytime Phone #

**JACK W. GIACALONE**