

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90092 028 ***150.00

DOCUMENT # G63005 1. Entity Name SUNWEST CONSTRUCTION ENTERPRISES, INC.					
Principal Place of Business 16210 US HWY 19 HUDSON, FL 34667 US			Mailing Address 16210 US HWY 19 HUDSON, FL 34667 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2330378	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZEOLI, SEBASTIAN 8413 JACARANDA DR SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name Bill Hunt Street Address (P.O. Box Number is Not Acceptable) 16210 US Hwy 19 City Hudson FL Zip Code 34667	
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 1-22-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, BILL H. <input type="checkbox"/> Delete 700 HUNT RD. TARPON SPGS., FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZEOLI, SEBAATIAN <input checked="" type="checkbox"/> Delete 8413 JACARANDA AVE SEMINOLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KARN HUNT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16210 US Hwy 19 HUDSON FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, BILLY JOE <input type="checkbox"/> Delete 16405 US HWY 19 HUDSON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16210 US Hwy 19	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ODELL, LINDA G <input type="checkbox"/> Delete 16405 US HWY 19 HUDSON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16210 16210 US Hwy 19	
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	
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.					
SIGNATURE:			1-22-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		