2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 08:00 AM Secretary of State

DOCUMENT # G64905 1. Entity Name SUNSET R. V. SALES, INC.						Sec	retary of S	State
Principal Place of Business Mailing Address								
2725 AUROR MELBOURNE	A RD. , FL 32935 US	2725 AURORA RD. MELBOURNE, FL 3293	5 U:	5	 		1 NIBOR NIBOR KOMINING	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01262004	Chg-P	CR2E034 (10/03)	1-
City & State		City & State		4. FEI Number 59-2433	882		pplied For ot Applicable	
Zip			Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Re	gistered Agent		Name	7. Name and A	ddress of New R	tegistered Agent	
SOILEAU, JOHN L 1970 MICHIGAN AVENUE BUILDING C			Street Address (P.O. Box Number is Not Acceptable)					
COCOA, F	L 32922	· .						
				City			FL Zip Co	de
	named entity submits this statement for the ions of registered agent	ne purpose of changing its	register	ed office or register	red agent, or both	, in the State of Flo	brīda. I am familiar with	, and accept
SIGNATURE	Signature typed or printed name of registered agent and	tiru f applicable (NOTE	Reg stere	d Agent signalure required	d when roinstating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campai Trust Fund Contr			.00 May Be led to Fees			
10.	OFFICERS AND DIRECTORS 1				ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	RSIN 1 I
TITLE NAME STREET ADDRESS CITY:ST-ZIP	P PETROVICH, ISIDOR 329 OCEAN VIEW LANE INDIALANTIC, FL 32903	☐ Delete					Change.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETROVICH, GORDANA 329 OCEAN VIEW LANE INDIALANTIC, FL 32903	□ Delete -				: 1 m m m .	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V PETROVICH, GORDANA 329 OCEAN VIEW LANE INDIALANTIC, FL 32903	□ Delete				Uranii 92/13/0	0004930 <u>f</u> change 4-80018-004	Addition 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		;			Change	Addıtion
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Detele		1			☐ Change	☐ Addilion
NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletu		1			☐ Change	☐ Addition
12, I hereby indicated of the co	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower, or on an attachment with an address, with	nis filing does not qualify for the and accurate and that revered to execute this report the fill offer live emoowered.	the ext ny signa as requ	emption stated in Seture shall have the fired by Chapter 60	ection 119.07(3)(i) same legal effect 7, Florida Statutes), Florida Statutes as if made under s; and that my nan	I further certify that the oath, that I am an offic ne appears in Block 10	information er or director or Block 11 if