# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2005**
**Secretary of State**

DOCUMENT# G92383

**Entity Name:** SUN COUNTRY HOMES OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

P O BOX 494797
PORT CHARLOTTE, FL 339492706 US

**New Principal Place of Business:**

P O BOX 494797
PORT CHARLOTTE, FL 339494797 US

**Current Mailing Address:**

P O BOX 494797
PORT CHARLOTTE, FL 339492706 US

**New Mailing Address:**

P O BOX 494797
PORT CHARLOTTE, FL 339494797 US

**FEI Number: 59-2386529** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLGOOD, MICHAEL GENE
506 SANTIGUAY ST
PUNTA GORDA, FL 33983 US

**Name and Address of New Registered Agent:**

ALLGOOD, MICHAEL G MR.
506 SANTIGUAY ST
PUNTA GORDA, FL 33983 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: MICHAEL G. ALLGOOD 04/11/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ALLGOOD, MICHAEL GEN, E
Address: 506 SANTIGUAY ST
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP ( ) Delete
Name: ALLGOOD, MICHAEL G
Address: 506 SANTIGUAY ST
City-St-Zip: PUNTA GORDA, FL 33983

Title: ST ( ) Delete
Name: ALLGOOD, MICHAEL G
Address: 506 SANTIGUAY STREET
City-St-Zip: PUNTA GORDA, FL 33983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ALLGOOD, MICHAEL G MR.
Address: 506 SANTIGUAY ST
City-St-Zip: PUNTA GORDA, FL 33983

Title: VP (X) Change ( ) Addition
Name: ALLGOOD, MICHAEL G MR.
Address: 506 SANTIGUAY ST
City-St-Zip: PUNTA GORDA, FL 33983

Title: ST (X) Change ( ) Addition
Name: ALLGOOD, MICHAEL G MR.
Address: 506 SANTIGUAY STREET
City-St-Zip: PUNTA GORDA, FL 33983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL G. ALLGOOD P 04/11/2005
Electronic Signature of Signing Officer or Director Date