

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # G92383

1. Entity Name
SUN COUNTRY HOMES OF CHARLOTTE COUNTY, INC.



Principal Place of Business
**P O BOX 494797
PORT CHARLOTTE, FL 33949-4797 US**

Mailing Address
**P O BOX 494797
PORT CHARLOTTE, FL 33949-4797 US**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2386529

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALLGOOD, MICHAEL G MR.
506 SANTIGUAY ST
PUNTA GORDA, FL 33983**

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

**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	P
NAME	ALLGOOD, MICHAEL G MR.
STREET ADDRESS	506 SANTIGUAY ST
CITY- ST- ZIP	PUNTA GORDA, FL 33983
TITLE	VP
NAME	ALLGOOD, MICHAEL G MR.
STREET ADDRESS	506 SANTIGUAY ST
CITY- ST- ZIP	PUNTA GORDA, FL 33983
TITLE	ST
NAME	ALLGOOD, MICHAEL G MR.
STREET ADDRESS	506 SANTIGUAY STREET
CITY- ST- ZIP	PUNTA GORDA, FL 33983
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/24/07-80045-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael G. Allgood **Michael G. Allgood**

1-18-07

9416274457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #