

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93306

Entity Name: SUNSTATE COLLEGE, INC.

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

1685 MEDICAL LANE
FORT MYERS, FL 33907

New Principal Place of Business:

2040 COLONIAL BOULEVARD
FORT MYERS, FL 33907

Current Mailing Address:

1685 MEDICAL LANE
FORT MYERS, FL 33907

New Mailing Address:

2040 COLONIAL BOULEVARD
FORT MYERS, FL 33907

FEI Number: 59-2390702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, GREGORY H
1685 MEDICAL LANE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

JONES, GREGORY H
2040 COLONIAL BOULEVARD
FORT MYERS, FL 33907 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: GREGORY H. JONES

05/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: JONES, GREGORY H
Address: 1503 LILY POND COURT
City-St-Zip: FORT MYERS, FL 33907

Title: DIR () Delete
Name: JONES, DONALD C
Address: 2350 BEDMAN CREEK
City-St-Zip: ALVA, FL 33920

Title: DIR () Delete
Name: JONES, SHARON B
Address: 2350 BEDMAN CREEK
City-St-Zip: ALVA, FL 33920

Title: DIR () Delete
Name: KING, MARK N
Address: 14854 SOARING EAGLE CT.
City-St-Zip: FORT MYERS, FL 33912

Title: DIR () Delete
Name: KING, KELLY E
Address: 1310 CARLENE AVENUE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GREGORY H. JONES

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date