


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # H65688 1. Entity Name SUN KRAFTS OF VOLUSIA COUNTY, INC.	
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Principal Place of Business 1578 PINE AVE HOLLY HILL, FL 32117	Mailing Address 217 ROYAL DUNES CIRCLE ORMOND BCH, FL 32176 US
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01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2552766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDREANO, JOSEPH J. 724 GREEN RD NEW SMYRNA BCH., FL 32069
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000823504 02/20/08-80035-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCINKO, ROBERT P. 217 ROYAL DUNE CIR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCINKO, HARIKLIA 217 ROYAL DUNE CIR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTRIDGE, PAULA L. 201 AVON STREET DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESTRIDGE, PAULA L 201 AVON ST PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: <i>Robert P. Marcinko</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-7-08 (386) 677-5390 <small>Date Daytime Phone #</small>
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