2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# H65688

Entity Name: SUN KRAFTS OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

1578 PINE AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

217 ROYAL DUNES CIRCLE
ORMOND BCH, FL 32176 US

New Mailing Address:

FEI Number: 59-2552766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREANO, JOSEPH J.
724 GREEN RD
NEW SMYRNA BCH., FL 32069 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARCINKO, ROBERT P.,
Address: 217 ROYAL DUNE CIR
City-St-Zip: ORMOND BEACH, FL 32176

Title: V ( ) Delete
Name: MARCINKO, HARIKLIA,
Address: 217 ROYAL DUNE CIR
City-St-Zip: ORMOND BEACH, FL 32176

Title: T ( ) Delete
Name: ESTRIDGE, PAULA L.,
Address: 201 AVON STREET
City-St-Zip: DAYTONA BEACH, FL 32127

Title: ST ( ) Delete
Name: ESTRIDGE, PAULA L
Address: 201 AVON ST
City-St-Zip: PORT ORANGE, FL 32127

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:

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: PAULA L ESTRIDGE T 02/02/2009

Electronic Signature of Signing Officer or Director Date