


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # H68537 1. Entity Name SUN CENTRAL DEVELOPMENT, INC.	
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Principal Place of Business 338 BLUFORD OCFEE, FL 34761 US	Mailing Address P.O. BOX 488 OAKLAND, FL 34760 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-0812832	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MITCHELL, JAMES R
15787 OAKLAND, AVE.
OAKLAND, FL 34760**

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

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MITCHELL, JAMES R 15787 OAKLAND AVE. OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, CAROLYN B 15787 OAKLAND AVE. OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNAOLD, SARAH 205 S. HIGHLAND AVE. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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02/14/08-80027-017 150.00

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: R. James Mitchell **R. JAMES MITCHELL** 1/14/08 4073255203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #