2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # K14498

1. Entity Name
SUNSET INN, INC.

Principal Place of Business	Mailing Address
8109 SURF DR PANAMA CITY BCH, FL 32408-4709	8109 SURF DR PANAMA CITY BCH, FL 32408-4709

DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0804583
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, JOE H.
2583 HUNTCLIFF LANE
PANAMA CITY, FL 32405

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	HORAITIS, GUS
STREET ADDRESS	8109 SURF DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324084709
TITLE	V
NAME	CHORAITIS, PENNY
STREET ADDRESS	8109 SURF DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324084709
TITLE	AP
NAME	HORAITIS, CHRIS
STREET ADDRESS	8109 SURF DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324084709
TITLE	AVP
NAME	CHORAITIS, VICKI
STREET ADDRESS	8109 SURF DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324084709
TITLE	S
NAME	HORAITIS, MARIA
STREET ADDRESS	8109 SURF DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324084709
TITLE	T
NAME	HORAITIS, ALECK
STREET ADDRESS	8109 SURF DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 324084709

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #