

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90023 031 \*\*\*150.00

**DOCUMENT # K14498**

1. Entity Name  
**SUNSET INN, INC.**



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

Mailing Address  
**8109 SURF DR  
PANAMA CITY BCH, FL 32408-4709**

**40018462**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**63-0804583**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P HORAITIS, GUS  
8109 SURF DR  
PANAMA CITY BEACH, FL 324084709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V CHORAITIS, PENNY  
8109 SURF DR  
PANAMA CITY BEACH, FL 324084709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AP HORAITIS, CHRIS  
8109 SURF DR  
PANAMA CITY BEACH, FL 324084709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AVP CHORAITIS, VICKI  
8109 SURF DR  
PANAMA CITY BEACH, FL 324084709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S HORAITIS, MARIA  
8109 SURF DR  
PANAMA CITY BEACH, FL 324084709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T HORAITIS, ALECK  
8109 SURF DR  
PANAMA CITY BEACH, FL 324084709** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Assistant Treasurer  
George Horaitis  
8109 Surf Dr  
Panama City Beach FL 32408** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Ann Morris  
8109 Surf Drive  
Panama City Beach FL 32408** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Bonnie Goodman  
8109 Surf Drive  
Panama City Beach FL 32408** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Guy Horaitis  
8109 Surf Drive  
Panama City Beach FL 32408** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Chris Choraitis  
8109 Surf Dr  
Panama City Beach FL 32408** ☐ Change ☒ Addition

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:

*Ann Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/4/08*  
Date

*850-234-7370*  
Daytime Phone #