FILED
Apr 28, 2008 8:00 am
Secretary of State

04-09-2008 90029 008 *****8.75
03-21-2008 90025 049 ***138.75
04-28-2008 90390 043 *****2.50

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M96752

1. Entity Name
SUNPINE PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O JOHN N. BRUGGER 600 FIFTH AVE. SOUTH, SUITE 207 NAPLES, FL 33940	C/O JOHN N. BRUGGER 600 FIFTH AVE. SOUTH, SUITE 207 NAPLES, FL 33940

40086782

03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0080703
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUGGER, JOHN N.
600 FIFTH AVE. SOUTH
SUITE 210
NAPLES, FL 33940

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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 signature required when reinstating)

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	PSD
NAME	BOZICH, BOB
STREET ADDRESS	7267 ELY LAKE DR
CITY-ST-ZIP	EVELETH, MN 55734,
TITLE	VTD
NAME	BOZICH, JEAN
STREET ADDRESS	7267 ELY LAKE DR
CITY-ST-ZIP	EVELETH, MN 55734,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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 added one, with all other like empowered.

SIGNATURE: _____ 3/19/08 239-263-6000
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #