

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14468

Entity Name: SUNSET R/C, INC.

FILED
Jan 20, 2004
Secretary of State**Current Principal Place of Business:**P.O. BOX 701961
ST. CLOUD, FL 34770 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 701961
ST. CLOUD, FL 34770 US**New Mailing Address:**

FEI Number: 59-3750145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CALAWAY, DOUGLAS
5815 GUENEVERE CT
ST CLOUD, FL 34772 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

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: OLIVERIO, DARREN
Address: 2066 LIVE OAK BLVD
City-St-Zip: ST CLOUD, FL 34771Title: STD () Delete
Name: CALAWAY, DOUGLAS
Address: 5815 GUENEVERE CT
City-St-Zip: ST CLOUD, FL 34772Title: DV (X) Delete
Name: EARLY, JOEL
Address: 555 MOONLIGHT CT
City-St-Zip: ST CLOUD, FL 34771**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS CALAWAY

STD

01/20/2004

Electronic Signature of Signing Officer or Director

Date