## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15333

KIMBALL, JIM

ZELLWOOD, FL 32798

PO BOX 849

Name:

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Entity Nar	ne: SUN'N	FUN FLY-IN, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	JLLA ROAD ), FL 33811							
Current Mailing Address:				New Mailing Address:				
P.O. BOX T LAKELAND	7670 D, FL 33807	7670						
FEI Number:	59-2803958	FEI Number Appli	ied For ( ) FEI Nu	mber Not Appli	icable ( )	Certifica	ate of Status Desir	ed (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SUITE 4	JOHN F HLAND DR ), FL 33813	US						
The above in the State		y submits this stater	ment for the purpose	of changing it	ts registered	office or r	egistered agent	, or both,
SIGNATUR								
	Electr	onic Signature of Re	egistered Agent				Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFF	FICERS AND D	IRECTORS:
Title: Name: Address: City-St-Zip:	CD EICKHOFF, V 3522 PINED/ LAKELAND,	ALE DR		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	SD GARCIA, RIC 3650 DRANE LAKELAND,	FIELD RD		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	TD HUNTER, LE 317 PARK BI VENICE, FL	_VD		Title: Name: Address: City-St-Zip:	TD () GARCIA, RICA 317 PARK BLV VENICE, FL 3	RDO /D	( ) Addition	
Title: Name: Address: City-St-Zip:	P BURTON, JC 4175 MEDUL LAKELAND,	LA ROAD		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title:	VCD	( ) Delete		Title:	(	) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN C. BURTON Ρ 04/28/2008