


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90020 027 \*\*\*\*70.00

<b>DOCUMENT # N47910</b> 1. Entity Name <b>SUN 'N FUN VETTES, INC.</b>					
Principal Place of Business <b>17319 SIMMONS RD LUTZ, FL 33548 US</b>			Mailing Address <b>P O BOX 272311 TAMPA, FL 33688 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KLINE, STEVE 17319 SIMMONS RD LUTZ, FL 33549</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RANAHAN, DEBRA		NAME		
STREET ADDRESS	14112 FENNSBURY DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, REX		NAME	PRESIDENT	
STREET ADDRESS	35019 DOLPHIN LAKE DR.		STREET ADDRESS	2437 COLONEL FORD RD.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUCK, DAVID		NAME		
STREET ADDRESS	7700 BOUQUET CT.		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34637		CITY-ST-ZIP		
TITLE	ED	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNAIR, JERRY		NAME		
STREET ADDRESS	30332 GLENHAM CT.		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARUE, AUDREY		NAME	SECRETARY	
STREET ADDRESS	2437 COLONEL FORD RD.		STREET ADDRESS	17319 SIMMONS RD.	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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.					
<b>SIGNATURE:</b> <u>David Gluck</u> <b>DAVID GLUCK</b>			3-27-08 813 995-2311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		