

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000044476

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** SOUTHERN SUN-SATIONS, INC.

**Current Principal Place of Business:**

1652 HIGHWAY 98 E  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4572  
FT WALTON BEACH, FL 32549

**New Mailing Address:**

**FEI Number:** 59-3643401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, C D  
205 MOONEY RD  
FORT WALTON BEACH, FL 32547 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: P  
Name: MCDONALD, DOUGLAS  
Address: 205 MOONEY ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S  
Name: LEE, SCHERIE A  
Address: 206 LINDA COVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCHERIE A. LEE

S

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date