

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

MENT # P00000069312

Entity Name
SUNFLOWER HOMES, INC.



Principal Place of Business
**3816 CHIQUITA BLVD., STE 8
CAPE CORAL, FL 33914**

Mailing Address
**4635 RICHMOND ROAD, STE 105
CLEVELAND, OH 44128**

FILED
Apr 11, 2005 08:00 AM
Secretary of State



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1038805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WINESETT, RICHARD W
2248 FIRST STREET
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OFFENBERG, BERNARD
STREET ADDRESS	10919 NASHVILLE DRIVE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	VST
NAME	SIMON, SIDNEY N
STREET ADDRESS	4635 RICHMOND ROAD, #105
CITY-ST-ZIP	CLEVELAND, OH 44128
TITLE	V
NAME	ADICKMAN, ROSS
STREET ADDRESS	3800 S. OCEAN DRIVE, #216
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	AVP
NAME	MCKINSEY, TOMMY
STREET ADDRESS	5015 SW 17TH
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000297489
04/11/05-80031-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If