

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000069312

1. 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**



04182006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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05/04/06-80051-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #