

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116298

FILED
May 05, 2004
Secretary of State

Entity Name: SUNNYLAKE INC.

Current Principal Place of Business:

317 NW DOVER COURT
PORT ST LUCIE, FL 34983

New Principal Place of Business:

496 NW DOVER COURT
PORT ST LUCIE, FL 34983

Current Mailing Address:

317 NW DOVER COURT
PORT ST LUCIE, FL 34983

New Mailing Address:

496 NW DOVER COURT
PORT ST LUCIE, FL 34983

FEI Number: 65-1062335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ABRAHAM, BARRY J
Address: 317 NW DOVER COURT
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VD () Delete
Name: ABRAHAM, KARLA
Address: 317 NW DOVER COURT
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ABRAHAM, BARRY J
Address: 496 NW DOVER COURT
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VD (X) Change () Addition
Name: ABRAHAM, KARLA
Address: 496 NW DOVER COURT
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY ABRAHAM

PSTD

05/05/2004

Electronic Signature of Signing Officer or Director

Date