

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116370

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: SUNSET CAY LAKES DEVELOPMENT, INC.

## Current Principal Place of Business:

314 NEWPORT DRIVE #4  
NAPLES, FL 34114

## New Principal Place of Business:

17280-1 EAGLE TRACE  
FORT MYERS, FL 33908

## Current Mailing Address:

314 NEWPORT DRIVE #4  
NAPLES, FL 34114

## New Mailing Address:

17280-1 EAGLE TRACE  
FORT MYERS, FL 33908

FEI Number: 76-0722308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLSON, KARIN A  
314 NEWPORT DRIVE #4  
NAPLES, FL 34114 US

## Name and Address of New Registered Agent:

COLSON, KARIN A  
17280-1 EAGLE TRACE  
FORT MYERS, FL 33908 US

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:

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURGESSON, RICHARD  
Address: 314 NEWPORT DRIVE #4  
City-St-Zip: NAPLES, FL 34114

Title: VST ( ) Delete  
Name: COLSON, KARIN  
Address: 314 NEWPORT DRIVE #4  
City-St-Zip: NAPLES, FL 34114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURGESSON, RICHARD  
Address: 17280-1 EAGLE TRACE  
City-St-Zip: FORT MYERS, FL 33908

Title: VST (X) Change ( ) Addition  
Name: COLSON, KARIN  
Address: 17280-1 EAGLE TRACE  
City-St-Zip: FORT MYERS, FL 33908

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: KARIN COLSON

V

01/20/2005

Electronic Signature of Signing Officer or Director

Date