

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90007 009 ***150.00

DOCUMENT # P01000003923

1. Entity Name
SUNRISE SUNSET CONCESSIONS OF SIESTA KEY, INC.



Principal Place of Business
**948 BEACH ROAD
SIESTA KEY, FL 34242**

Mailing Address
**2171 MUSKOGEE TRAIL
NOKOMIS, FL 34275**



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1065537

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDERSON, ROBERT
1314 E VENICE AVE
SUITE E
VENICE, FL 34292**

**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, 2007 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
**D
JANSSON, PEDER
2164 MUSKOGEE TRAIL
NOKOMIS, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PANEK, JOSEPH
2171 MUSKOGEE TRAIL
NOKOMIS, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HANSEN, KEN
3019 LANCASTER DR., #2
NAPLES, FL 34105**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
JANSSON, ELLENOR
2164 MUSKOGEE TRAIL
NOKOMIS, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
PANEK, MARY
2171 MUSKOGEE TRAIL
NOKOMIS, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
HANSEN, DELORES
3009 LANCASTER DR., #2
NAPLES, FL 34105**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/07

Date

541 486-8510

Daytime Phone #