


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1065537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000786803
 01/17/08-80057-010 150.00

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

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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: _____ *1-15-08* _____

SIGNATURE AND TITLE OF REGISTERED AGENT OR NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____