

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003923

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

948 BEACH ROAD
SIESTA KEY, FL 34242

New Principal Place of Business:

Current Mailing Address:

2171 MUSKOGEE TRAIL
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 65-1065537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JANSSEN, PEDER
Address: 2164 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: PANEK, JOSEPH
Address: 2171 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: HANSEN, KEN
Address: 3019 LANCASTER DR., #2
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: JANSSEN, ELLENOR
Address: 2164 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Delete
Name: PANEK, MARY
Address: 2171 MUSKOGEE TRAIL
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Delete
Name: HANSEN, DELORES
Address: 3009 LANCASTER DR., #2
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HANSEN, KEN
Address: 923 S. DORAL LN.
City-St-Zip: VENICE, FL 34293

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HANSEN, DELORES
Address: 923 S. DORAL LN.
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH PANEK

D

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date