

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90012 006 \*\*\*155.00

<b>DOCUMENT # P01000021964</b>					
<b>1. Entity Name</b> SUNSET FORTUNE, INC.					
<b>Principal Place of Business</b> 7963 BAYSHORE DR TREASURE ISLAND, FL 33706			<b>Mailing Address</b> 7963 BAYSHORE DR TREASURE ISLAND, FL 33706		
<b>2. Principal Place of Business</b> 7001 CENTRAL AVE Suite, Apt. #, etc. 142		<b>3. Mailing Address</b> 7953 BAYSHORE DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> ST. PETERSBURG, FL 33710		<b>City &amp; State</b> TREASURE ISLAND, FL		<b>4. FEI Number</b> 59-3704923	
<b>Zip</b> 33710 <b>Country</b> USA		<b>Zip</b> 33706 <b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EICKERMANN, MARA 7963 BAYSHORE DR TREASURE ISLAND, FL 33706			<b>7. Name and Address of New Registered Agent</b> Name <u>EICKERMANN, MARA</u> Street Address (P.O. Box Number is Not Acceptable) 7953 BAYSHORE DRIVE City <u>TREASURE ISLAND</u> <u>FL</u> <u>33706</u>		
<b>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.</b> SIGNATURE <u>MARA EICKERMANN</u> <u>01-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICKERMANN, MARA 7963 BAYSHORE DRIVE TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICKERMANN, MARA 7953 BAYSHORE DRIVE TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
SIGNATURE: <u>MARA EICKERMANN</u> <u>01-28-04</u> <u>727-3634456</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					