

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000028891		
1. Entity Name SUNNY LAND TRANSPORT, INC.		

Principal Place of Business 71 HAMMOCK ROAD INGLIS FL 34449	Mailing Address PO BOX 186 OTTER CREEK FL 32683
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3704058	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REICHELDERFER, BRUCE 71 HAMMOCK RD INGLIS FL 34449		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 re-appointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	☐ Delete		TITLE		☐ Change	☐ Add
NAME	REICHELDERFER, BRUCE			NAME			
STREET ADDRESS	71 HAMMOCK ROAD			STREET ADDRESS			
CITY-ST-ZIP	INGLIS FL 34449			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 118, 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 **BRUCE REICHELDERFER** 3/2/06 352) 447-6737