

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90017 005 \*\*\*150.00

**DOCUMENT # P01000100508**

1. Entity Name

SUNSET PALMS REALTY, INC.



Principal Place of Business

3401 GANDY BOULEVARD  
PINELLAS PARK FL 33781

Mailing Address

3401 GANDY BOULEVARD  
PINELLAS PARK FL 33781

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0464433

Applied For

Not Applicable

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

GORDON, SCOTT-E  
333 SOUTH TAMiami TRAIL  
SUITE 199  
VENICE, FL 34285

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, MARILYN	
STREET ADDRESS	34084 ALAMANDA DR	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NASON, KATHRYN	
STREET ADDRESS	34701 LAKE DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEDIG, WILLIAM	
STREET ADDRESS	34422 OLEANDRO DR	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYRENE, AUDREY	
STREET ADDRESS	34084 AZALEA DR	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	DVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, ROBERTIA	
STREET ADDRESS	34405 OLEANDER DR.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTRA, RICHARD	
STREET ADDRESS	34563 GARDINA DR.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Robertia Washburn* ROBERTIA WASHBURN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

727-577-0287

Daytime Phone #