


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000107001</b>	
1. Entity Name <b>SUNSET LANDING MARINA, INC.</b>	

Principal Place of Business <b>5115 SUNSET BLVD. PORT RICHEY, FL 34668</b>	Mailing Address <b>10206 HILLTOP DR. NEW PORT RICHEY, FL 34654</b>
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**DO NOT WRITE IN THIS SPACE**



07012006	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>59-3754595</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**PERROTT, SUSAN J  
 10206 HILLTOP DR  
 NEW PORT RICHEY, FL 34654**

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U000000588049  
 07/06/06-80006-017 150.00

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: *Susan J Perrott* **Susan J. Perrott** **6-27-06**

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  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PERROTT, FRANK J 10206 HILLTOP DR. NEW PORT RICHEY, FL 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC PERROTT, SUSAN J 10206 HILLTOP DR. NEW PORT RICHEY, FL 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA PERROTT, SUSAN J SEC 10206 HILLTOP DR NEW PORT RICHEY, FL 34654</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Susan J Perrott, Sec., Treas* **7-1-06**