

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009791

FILED  
Jan 11, 2004  
Secretary of State

Entity Name: SUNSET INN RESORT, INC.

**Current Principal Place of Business:**

82200 OVERSEAS HWY.  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 561  
ISLAMORADA, FL 33036

**New Mailing Address:**

FEI Number: 42-1529906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GILLIS, DEBORAH K  
82150 OVERSEAS HWY.  
ISLAMORADA, FL 33036

**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: GILLIS, LARRY L  
Address: 82150 OVERSEAS HWY.  
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete  
Name: GILLIS, DEBORAH K  
Address: 82150 OVERSEAS HWY.  
City-St-Zip: ISLAMORADA, FL 33036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY GILLIS

V P

01/11/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date