## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2007 08:00 A Secretary of State DOCUMENT # P02000016124 SUN HARBOR VENTURES, INC. Principal Place of Business Mailing Address 299 W 23RD PL 299 W 23RD PL PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 02272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-2993612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SYFRETT, TROY F JR DO NOT WRITE 299 W 23RD PL PANAMA CITY, FL 32405 IN THIS SPACE 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 regured when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SYFRETT, TROY JR NAME STREET ADDRESS 299 W 23RD AVE CITY-ST-ZIP PANAMA CITY, FL 32405 TITLE U00000682212 04/04/07-80076-013 150.0) NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE N THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 tike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

3/28/07

(850) 763-3921

**FILED**