


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000045049	
1. Entity Name SUNNYBREEZE DEVELOPMENT, INC.	

Principal Place of Business 7049 SW LIVERPOOL RD. ARCADIA, FL 34269	Mailing Address 7049 SW LIVERPOOL RD. ARCADIA, FL 34269
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03082005 No Chg-P CF2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2335120	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALDRON, EUGENE E JR. 124 N. BREVARD AVE. ARCADIA, FL 34266

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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000298703 04/11/05-80078-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOPE, PAUL 11495 SW PINE ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBER, JACK 1697 SW ORANGE AVENUE ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDS, PAUL 1201 AIRPORT RD. COATESVILLE, PA 19320
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 an other like empowered.

SIGNATURE: _____	4-8-05	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			