

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 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**



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2335120

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WALDRON, EUGENE E JR.
124 N. BREVARD AVE.
ARCADIA, FL 34266**

**DO NOT WRITE
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 required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOPE, PAUL
STREET ADDRESS	11495 SW PINE
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	D
NAME	HUBER, JACK
STREET ADDRESS	1697 SW ORANGE AVENUE
CITY-ST-ZIP	ARCADIA, FL 34269
TITLE	D
NAME	SANDS, PAUL
STREET ADDRESS	1201 AIRPORT RD.
CITY-ST-ZIP	COATESVILLE, PA 19320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000554536
05/15/06-80097-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: John B Huber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B Huber

4-26-06 717 4268634

Date Daytime Phone #