

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90259 005 ***150.00

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1. Entity Name
SUNBRIGHT DESIGNS, INC.



Principal Place of Business
30849 COVE RD
TAVARES, FL 32778

Mailing Address
30849 COVE RD
TAVARES, FL 32778

50000122



2. Principal Place of Business - No P.O. Box #

1109 LAKE HARRIS DR

3. Mailing Address

1109 LAKE HARRIS DR

Suite, Apt. #, etc.

1109

Suite, Apt. #, etc.

SUITE 1109

01092007

Chg-P

CR2E034 (12/06)

City & State

TAVARES FL

City & State

TAVARES FL

4. FEI Number

04-3686044

Applied For

Not Applicable

Zip

32778

Country

USA

Zip

32778

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEKONING, HANS L
30849 COVE RD
TAVARES, FL 32778

7. Name and Address of New Registered Agent

Name

NO CHANGE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 HANS L DEKONING

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-09-2007

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DEKONING, HANS L
STREET ADDRESS 30849 COVE RD
CITY-ST-ZIP TAVARES, FL 32778

TITLE ST ☐ Delete
NAME DEKONING, DAWN P
STREET ADDRESS 30849 COVE RD
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01 09 2007 352 343 5043