## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000065516

Entity Name: SUNSWEPT ENTERRPISES OF FLORIDA, INC.

**FILED** Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

106 BOSKIND ROAD 5655 MICCO RD

INDIALANTIC, FL 32903 US W9

MICCO, FL 32976 US

**Current Mailing Address: New Mailing Address:** 

9878 PINE ST 106 BOSKIND ROAD

INDIATLANTIC, FL 32903 US MICCO, FL 32976 US

FEI Number: 03-0473684 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LESTER, DANNY R LESTER, DANNY R 106 BOSKIND ROAD 9878 PINE ST

INDIALANTIC, FL 32903 US MICCO, FL 32976 US

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: 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition LESTER, DANNY RAY LESTER, DANNY RAY Name: Name:

106 BOSKIND ROAD 9878 PINE ST Address: Address: City-St-Zip: INDIALANTIC, FL 32903 US City-St-Zip: MICCO, FL 32976 US

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

MAYNARD, CARRIE Name: Name: MAYNARD, CARRIE 106 BOSKIND RD. Address: **9878 PINE ST** Address: INDIALANTIC, FL 32903 US MICCO, FL 32976 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAN LESTER PD 04/29/2008