## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

P02000093606

1. Entity Name SUNNY ACRES, INC.



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90211 047 \*\*\*150.00

Principal Place of B 4462 DUNCAN ROAL PUNTA GORDA FL	D	Mailing Address P.O. BOX 512117 PUNTA GORDA FL 33951	P.O. BOX 512117						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number	+2.3545		pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		<b>\$8.75</b> Ad	\$8.75 Additional Fee Required	
6.	Name and Address of Curre	ent Registered Agent			7. Name and Ad	dress of New Register	ed Agent		
KEISER, WILLIE M 4462 DUNCAN ROAD				Name Street Address (P.O. Box Number is Not Acceptable)					
PUNTA GORDA FL 33982				City FL Zip Code					
the obligations of SIGNATURE	d entity submits this statemen f regi ered agent.	t for the purpose of changing its	· -=		ered agent, or both, in	n the State of Florida. Ta		, and accept	
After May Make Check Paya	IOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.0 able to Florida Department	of State			Trust F	on Campalgn Financing fund Contribution.	∐ Adde	OO May Be d to Fees	
10.	OFFICERS AF	ND DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET AD CITY-ST-2	DRESS 444	LLIE M. K 62 DUNCA ITA GORDA		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DE 44	NNIS R. S	SELF	☐ Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	A STATE OF THE PROPERTY OF THE PARTY OF THE	□ Delate ~ -	. TITLE NAME Street ad City-St-2	DRESS 444	162 DUNC	NINE RICH AN ROAD , FL 339		- ☐ Addition-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS C1TY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z				☐ Change	Addition	
indicated on this of the corporation	s report or supplemental repor on or the receiver or trustee en	with this filing does not qualify for t is true and accurate and that r npowered to execute this report s, with all other like empowered	ny signature : as required b	shall have the	same legal effect as	if made under oath: tha	t I am an officer	or director	

SIGNATURE:

SELECTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03 941-505-0020
Date Daylime Phone #