

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000127431	
1. Entity Name SUNLAND CONCESSIONS INCORPORATED	

Principal Place of Business 1914 GLEN MEADOWS CIR MELBOURNE, FL 32935	Mailing Address 1914 GLEN MEADOWS CIR MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CRZE034 (11/05)

4. FEI Number 75-3089718	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HODGES, CARL 1914 GLEN MEADOWS CIR MELBOURNE, FL 32935	

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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 file # applicable (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY - ST - ZIP	O HODGES, CARL 1914 GLEN MEADOWS CIR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Carl Hodges **CARL HODGES** 4/21/06 (321) 259-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #