

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90098 026 \*\*\*150.00

**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**

**40014801**



2. Principal Place of Business - No P.O. Box #  
**4910 Mikonos Pl**

3. Mailing Address  
**4910 Mikonos Pl**

Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State  
**Cocoa, FL**

City & State  
**Cocoa, FL**

Zip  
**32926**

Country  
**USA**

Zip  
**32926**

Country  
**USA**

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**

7. Name and Address of New Registered Agent

Name  
**Rita Galloway**

Street Address (P.O. Box Number is Not Acceptable)  
**4910 Mikonos Pl**

City  
**Cocoa**

FL Zip Code  
**32926**

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 Rita Galloway DATE 01/26/07

Signature typed or printed name of registered agent and office, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
O	HODGES, CARL	1914 GLEN MEADOWS CIR	MELBOURNE, FL 32935	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Owner	Rita Galloway	4910 Mikonos Pl	Cocoa, FL 32926	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Dave Heikes	4910 Mikonos Pl	Cocoa, FL 32926	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Rita Galloway DATE 01/26/07 DAYTIME PHONE # 708/372-9581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR