

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000040384

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** SUNRISE FANTASY FLIGHTS, INC.

**Current Principal Place of Business:**

8710 W HILLSBOROUGH AVE  
189  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8710 W HILLSBOROUGH AVE  
189  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 05-0565614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDNER, DAVE  
8102 SHELDON RD  
1104  
TAMPA, FL 33615 US

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

GARDNER, DAVE  
14311 ARBOR HILLS RD.  
TAMPA, FL 33625 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: DAVE GARDNER

01/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: GARDNER, DAVE J  
Address: 14311 ARBOR HILLS RD.  
City-St-Zip: TAMPA, FL 33625

I hereby 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 all other like empowered.

SIGNATURE: DAVE GARDNER

PTSD

01/08/2011

Electronic Signature of Signing Officer or Director

Date