## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

DOCUMENT # P03000121119				04-29-2005 90213 046 ***150.00		
1. Entity Name SUNSET STRIP ENTERPRISES, INC.						
Principal Place 540 GARDEN TIUSVILLE, F		Mailing Address 540 GARDENIA CIR TIUSVILLE, FL 32796	<u> </u>			
2. Principal F 434 Suite, Apt.	Place of Business  N. Di Xi e Ave # etc.	3. Mailing Address P.O. Box 6 Suite, Apt. #, etc.	224			
City & Stat	ia.	City & State		04262005 Chg-P CR2E034 (10/03)  4. FEI Number Applied For		
Titu	Sville, FL	Titusville.	FL	20-0343002 Not Applicab		
zip 327	96 Country	32782	Country	5. Certificate of Status Desired See Required \$8.75 Additional		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
RINGER, DANNY 540 GARDENIA CIR			Street Addre	ess (P.Q. Box Number is Not Acceptable)		
TIUSVILLE, FL 32796			-	434 N. DIXIC HUR		
Ì	7		City —	Title CVIII FL Zip Coyin 7910		
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. Jum familiar with, and accept the obligations of registered agent.						
Y/21/25						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CSIden+		
NAME	RINGER, DANNY	☐ Delete		1931 N. Dixie Ave.		
STREET ADDRESS City-St-Zip	540 GARDENIA CIR TITUSVILLE, FL 32796		STREET ADDRESS 4	itusville FL 32796		
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio		
NAME STREET ADDRESS			NAME STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
NAME .	<u> </u>  -	☐ Detete	TITLE NAME	☐ Change ☐ Additio		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	2	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	Change Additio		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	,	☐ Delete	TITLE	☐ Change ☐ Additio		
NAME STREET ADDRESS			NAME STREET ADDRESS	•		
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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: /ann, Kung 4/26/05 (321)264-0149						
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prone #						