

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90282 018 \*\*\*150.00

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|--|--|--|---|--|--|
| <b>DOCUMENT # P03000133186</b>   |  |  |   |  |  |
| <b>1. Entity Name</b><br>SUNSET CONDO, INC.  |  |  |   |  |  |
| <b>Principal Place of Business</b><br>12421 N FLORIDA AVE STE C-220<br>TAMPA, FL 33612   |  |  | <b>Mailing Address</b><br>PO BOX 82189<br>TAMPA, FL 33682   |  |  |
| <b>2. Principal Place of Business</b><br>3550 Buschwood Park Dr  |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc. |   |  |  |
| Suite, Apt. #, etc.<br>245   |  | Suite, Apt. #, etc.                              |   |  |  |
| City & State<br>Tampa FL   |  | City & State                                     |   | <b>4. FEI Number</b><br>52-2414802   |  |
| Zip<br>33618   |  | Country<br>Hillsboro                             |   | Zip<br>Country   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>KELLY, JAMES<br>12421 N FLORIDA AVE STE C-220<br>TAMPA, FL 33612   |  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name <u>JAMES KELLY</u><br>Street Address (P.O. Box Number is Not Acceptable)<br>3550 Buschwood Park Dr Ste 245<br>City <u>TAMPA</u> <u>FL</u> Zip Code <u>33618</u> |  |
| <b>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.</b><br>SIGNATURE <u>James E. Kelly</u> DATE <u>4/5/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>KELLY, MACKLIN H<br>9222 HIGHLAND RIDGE WAY<br>TAMPA, FL 33647  | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>MEYER, KATHLEEN L<br>9222 HIGHLAND RIDGE WAY<br>TAMPA, FL 33647 | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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 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.</b> |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>K. L. Meyer</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date <u>4-16-05</u> Daytime Phone # <u>8139738733</u>   |  |  |