

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90309 009 \*\*\*150.00

DOCUMENT # P03000136026

1. Entity Name

SUNSET BUILDERS OF PINELLAS, INCORPORATED



Principal Place of Business

4928 DARTMOUTH AVENUE N  
ST. PETERSBURG FL 33710  
US

Mailing Address

4928 DARTMOUTH AVENUE N  
ST. PETERSBURG FL 33710  
US



2. Principal Place of Business

Suite, Apt. #, etc.  
ST. PETE. FL.

City & State

ST. PETE. FL.  
33710

Country

FLORIDA

3. Mailing Address

Suite, Apt. #, etc.  
ST. PETE. FL.

City & State

ST. PETE. FL.  
33710

Country

FLORIDA

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0412867

Applied For

Not Applicable

5. Certificate of Status Desired



~~\$8.75~~ Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ROBERT  
4928 DARTMOUTH AVENUE N  
ST. PETERSBURG FL 33710

NO CHANGE.

7. Name and Address of New Registered Agent

Name

SMITH

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

FL

Zip Code

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

*Robert Smith*

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

~~\$5.00~~ May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SMITH, ROBERT  
STREET ADDRESS 4928 DARTMOUTH AVENUE N  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert Scott Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/06 727 4321735*

Date

Daytime Phone #