

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000136026

1. Entity Name

SUNSET BUILDERS OF PINELLAS, INCORPORATED



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

05-08-2006 90309 009 ***150.00



Principal Place of Business
4928 DARTMOUTH AVENUE N
ST. PETERSBURG FL 33710
US

Mailing Address

4928 DARTMOUTH AVENUE N
ST. PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

4928 DARTMOUTH AVENUE N

4928 DARTMOUTH AVENUE N

ST. PETERSBURG FL 33710

ST. PETERSBURG FL 33710

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST. PETERSBURG FL

ST. PETERSBURG FL

City & State

City & State

ST. PETERSBURG FL

ST. PETERSBURG FL

Zip

Zip

33710

33710

Country

Country

PINELLAS

PINELLAS

6. Name and Address of Current Registered Agent

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

NO CHANGE

1st MOORE CR2E034 (10/05)

4. FEI Number	20-0412867	Applied For
		Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

SMITH

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

2113

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ROBERT 4928 DARTMOUTH AVENUE N ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

9/26/06 227 432 1735
Date Daytime Phone #