## 2005 FOR PROFIT CORPORATION ANNUAL RÉPORT (AR)

## May 05, 2005 8:00 am Secretary of State DOCUMENT # P04000007953 05-05-2005 90105 028 \*\*\*150.00 SUNBURST HOLDINGS OF GLADES COUNTY, INC. Principal Place of Business Mailing Address 11295 MARTIN BLVD. 11295 MARTIN BLVD. 50049185 MOORE HAVEN FL 33471 MOORE HAVEN FL 33471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERGUSON, DAVE Street Address (P.O. Box Number is Not Acceptable) 11295 MARTIN BLVD **MOORE HAVEN FL 33471** City 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 and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Defete Change Addition FERGUSON, DAVE NAME NAME 11295 MARTIN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NELSON, PEARL NAME STREET ADDRESS 11295 MARTIN BLVD. STREET ADDRESS MOORE HAVEN FL 33471 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe noitibb NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 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 AND TYPED OR PRINTED MADIE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**