## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000035787

Entity Name: SUNCRAFT, INC.

FILED Apr 06, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

121 E. SHIPWRECK RD 29 CAMEO COURT

SANTA ROSA BEACH, FL 32459 MIRAMAR BEACH, FL 32550

Current Mailing Address: New Mailing Address:

121 E. SHIPWRECK RD P.O. BOX 2040

SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459

FEI Number: 13-4268823 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALFORD, DARRYL L PRES.
121 EAST SHIPWRECK RD.
HALFORD, DARRYL L PRES.
29 CAMEO COURT

SANTA ROSA BEACH, FL 32459 US MIRAMAR BEACH, FL 32550 US

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.

SIGNATURE: 04/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 HALFORD, DARRYL
 Name:
 HALFORD, DARRYL

 Address:
 P. O. BOX 6328
 Address:
 P. O. BOX 2040

City-St-Zip: MIRAMAR BEACH, FL 32550 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: SEC. ( ) Delete Title: SEC. (X) Change ( ) Addition

 Name:
 HALFORD, HOLLY
 Name:
 HALFORD, HOLLY

 Address:
 121 E. SHIPWRECK RD.
 Address:
 P.O. BOX 2040

City-St-Zip: SANTA ROSA BEACH, FL 32459 US City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: O ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DAWSON, GREG
 Name:

 Address:
 11 JONQUIL AVE. NW
 Address:

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRYL HALFORD PRES 04/06/2009