


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90333 036 ***150.00

DOCUMENT # P04000036814

1. Entity Name
SUNSET DISTRIBUTORS OF FLORIDA, INC.



Principal Place of Business Mailing Address
5280 GLENVILLE DRIVE **5280 GLENVILLE DRIVE**
BOYNTON BEACH, FL 33437 **BOYNTON BEACH, FL 33437**

50038065



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
13-4101439 Not Applicable

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

6. Name and Address of Current Registered Agent

LINETT, CAROLYN
5280 GLENVILLE DRIVE
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LINETT, CAROLYN |
| STREET ADDRESS | 5280 GLENVILLE DRIVE |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GORDON, ROBERT S |
| STREET ADDRESS | 5280 GLENVILLE DRIVE |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | <input type="checkbox"/> Delete |
| CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | <input type="checkbox"/> Delete |
| CITY - ST - ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 10 woodlens lane unit 25 |
| CITY - ST - ZIP | Great Neck, NY 11023 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #