

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000036814

1. Entity Name  
 SUNSET DISTRIBUTORS OF FLORIDA, INC.



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

Mailing Address  
 5280 GLENVILLE DRIVE  
 BOYNTON BEACH, FL 33437



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 13-4101439 Applied For  
 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1101011418529  
 02/14/06-80010-012 150.00

10. OFFICERS AND DIRECTORS

TITLE: D  
 NAME: LINETT, CAROLYN  
 STREET ADDRESS: 5280 GLENVILLE DRIVE  
 CITY - ST - ZIP: BOYNTON BEACH, FL 33437

TITLE: D  
 NAME: GORDON, ROBERT S  
 STREET ADDRESS: 10 WESLEYS LANE UNIT 25  
 CITY - ST - ZIP: GREAT NECK, NY 11023

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 STREET ADDRESS  
 CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carolyn Linett Carolyn Linett* 1/30/06 (561) 742-865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #