

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000037248

1. Entity Name

SUNDANCE BUG AND BUGGY, INC.



Principal Place of Business

4815 HWY 92 WEST
PLANT CITY, FL 33566

Mailing Address

4815 HWY 92 WEST
PLANT CITY, FL 33566



02182007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0785603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M ESQ
6152 DELANCEY STATION ST
RIVERVIEW, FL 33569

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME CLARK, DAVID L
STREET ADDRESS 4815 HWY 92 WEST
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE DVS
NAME CLARK, CHERYL A
STREET ADDRESS 4815 HWY 92 WEST
CITY-ST-ZIP PLANT CITY, FL 33566

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03/22/07-80023-013 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

Date

813-752-4207

Daytime Phone #