

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 AUG 19 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000086575

1. Entity Name  
SUN SHACK & SMOOTHIES, INC.



Principal Place of Business  
4647 CLYDE MORRIS BLVD  
502  
PORT ORANGE, FL 32129

Mailing Address  
983 SMOKERISE BLVD.  
PORT ORANGE, FL 32127



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08152005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1191059

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWANSON, SANDI L  
983 SMOKERISE BLVD.  
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name Swanson, Michael S.

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

983 Smokerise Blvd.

City Port Orange

FL

Zip Code

32127

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

Michael Swanson

8/15/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SWANSON, MICHAEL S  
STREET ADDRESS 983 SMOKERISE BLVD.  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D ☒ Delete  
NAME SWANSON, SANDI L  
STREET ADDRESS 983 SMOKERISE BLVD.  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME Swanson, Michael S.  
STREET ADDRESS 983 Smokerise Blvd.  
CITY-ST-ZIP Port Orange, FL 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600058854256  
CITY-ST-ZIP 08/23/05--01007--001 \*\*61.25

TITLE ☐ Change ☐ Addition  
NAME K. Eckel  
STREET ADDRESS  
CITY-ST-ZIP AUG 19 2005

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Michael Swanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/05

Date

(386) 756-0605

Defer Phone #