
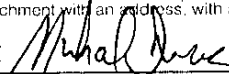


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90012 045 \*\*\*550.00

<b>DOCUMENT # P04000086575</b> 1. Entity Name <b>SUN SHACK &amp; SMOOTHIES, INC.</b>					
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 - No P.O. Box # <b>983 Smokerise Blvd.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Port Orange, FL</b>		City & State		4. FEI Number <b>20-1191059</b>	
Zip <b>32127</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SWANSON, MICHAEL S</b> <b>983 SMOKERISE BLVD.</b> <b>PORT ORANGE, FL 32127</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SWANSON, MICHAEL S 983 SMOKERISE BLVD. PORT ORANGE, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BAUCOM, JOHN T 5469 CARMODY LAKE DR PORT ORANGE, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <b>x</b> 			Date <b>7/31/07</b> Daytime Phone # <b>386-295-9253</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					