## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000123468

Address:

City-St-Zip:

Entity Name: SUNBURST PROPERTIES OF OCALA, INC.

FILED Mar 12, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1396 NE 20 AV, BLD 300 #300 OCALA, FL 34470 **New Mailing Address: Current Mailing Address:** 1396 NE 20 AV, BLD 300 #300 OCALA, FL 34470 FEI Number: 20-1542694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAMS, RUEBEN S ESQ 954 E SILVER SPRINGS BLVD. OCALA, FL 34470 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HUTCHINSON, NANCY E Name: Name: 1396 NE 20 AV BLD 300 Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HUTCHINSON, BRUCE E Name: 1396 NE 20TH AV BLD 300 Address: Address: OCALA, FL 34470 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition ELLIS, JOE W Name: Name: 1396 NE 20TH AV BLDG 300 Address: Address: City-St-Zip: OCALA, FL 34470 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition HUTCHINSON, SCOTT A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

1396 NE 20 TH AV BLDG 300

OCALA, FL 34470

SIGNATURE: BRUCE E HUTCHINSON ST 03/12/2008