

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90371 019 ****61.25
05-08-2006 90302 034 ****88.75

DOCUMENT # P05000070021

1. Entity Name
SUNSET MANAGEMENT GROUP, INC.



Principal Place of Business
8421 CYPRESS LAKE DR
FORT MYERS, FL 33919

Mailing Address
8421 CYPRESS LAKE DR
FORT MYERS, FL 33919

2. Principal Place of Business

12730 New Brittany Blvd

Suite, Apt. #, etc.

441

3. Mailing Address

Suite, Apt. #, etc.

04132006

Chg-P

CR2E034 (11/05)

City & State

Fort Myers, FL 33907

City & State

Zip

USA

Zip

Country

4. FEI Number

20-3228519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, JONATHAN
8421 CYPRESS LAKE DR
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Jonathan McLaughlin, President

04/13/06

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

MCLAUGHLIN, JONATHAN
8421 CYPRESS LAKE DR
FORT MYERS, FL 33919

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

Anderson, Jim
Vice-President
12730 New Brittany Blvd Ste 441
Fort Myers, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Jonathan McLaughlin

04/13/06

239-333-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #