## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018706

Entity Name: SUN CITY COMMUNICATIONS INC

**FILED** Sep 02, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

1856 S JEFFERSON ST 1708 S BYRON BUTLER PKWY PERRY, FL 32348

SUITE

PERRY, FL 32348

**Current Mailing Address: New Mailing Address:** 

1856 S JEFFERSON ST 1708 S BYRON BUTLER PKWY

PERRY, FL 32348 SUITE

PERRY, FL 32348

FEI Number: 68-0667835 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LUCKEY, JOHN WEEKS, BARBARA

4045 NW 43RD ST 1708 S BYRON BUTLER PKWY

GAINESVILLE, FL 32606 US SUITE PERRY, FL 32348 US

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: BARBARA WEEKS 09/02/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition () Delete Title: NOLEN WEEKS, BARBARA NOLEN WEEKS, BARBARA Name: Name:

1856 S JEFFERSON ST Address: 1708 S BYRON BUTLER PKWY SUITE J Address:

City-St-Zip: PERRY, FL 32348 City-St-Zip: PERRY, FL 32348

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

NOLEN, PATRICIA Name: Name: NOLEN, PATRICIA

1856 S JEFFERSON ST Address: 1708 S BYRON BUTLER PKWY SUITE J Address:

PERRY, FL 32348 PERRY, FL 32348 City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: BARBARA WEEKS 09/02/2008