2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000019049

1. Entity Name
SUN BEACH SERVICES, INC.

Principal Place of Business	Mailing Address
5870 WASHINGTON STREET, SUITE A NAPLES, FL 34109 US	5870 WASHINGTON STREET, SUITE A NAPLES, FL 34109 US

01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4293239
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRELL, THOMAS
5870 WASHINGTON STREET, SUITE A
NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000780660
01/15/08-80003-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRELL, THOMAS
STREET ADDRESS	5870 WASHINGTON STREET, SUITE A
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VP
NAME	KRELL, ANN
STREET ADDRESS	5870 WASHINGTON STREET, SUITE A
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	SEC
NAME	KRELL, ANN
STREET ADDRESS	5870 WASHINGTON STREET, SUITE A
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	TREA
NAME	KRELL, THOMAS
STREET ADDRESS	5870 WASHINGTON STREET, SUITE A
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DIR
NAME	KRELL, THOMAS
STREET ADDRESS	5870 WASHINGTON STREET, SUITE A
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DIR
NAME	KRELL, ANN
STREET ADDRESS	5870 WASHINGTON STREET, SUITE A
CITY-ST-ZIP	NAPLES, FL 34109

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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: Ann K. Krell Ann K. Krell 1/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

239-593-0640