2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000105880

1. Entity Name
SUN CHIEF DIVERSIFIED SERVICES, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

325 THISELDO LANE SEBRING, FL 33875-DE LG 325 THISELDO LANE SEBRING, FL 33875-DE LG



04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5452973

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DELGROSSO, JOHN 325 THISELDO LANE SEBRING, FL 33875

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	ions of registered agent.	urpose or changing its registere	AU OMICO OF TO	gistered agent, or bo	in, in the state of Forest. Familiar mar, and decept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000907324 . 05/05/08-80033-022 158.75
10.	OFFICERS AND DIREC	TORS	I .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELGROSSO, JOHN 325 THISELDO LANE SEBRING, FL 33875 DE				
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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					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

4/14/08 863-464-1969 Peals Deviline Phone #