

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90002 032 \*\*\*150.00

**DOCUMENT # P06000152407**

1. Entity Name  
**SUNNYMAN RETIREMENT HOME, INC.**



Principal Place of Business

**61 NE 211 STREET  
MIAMI, FL 33179 US**

Mailing Address

**61 NE 211 STREET  
MIAMI, FL 33179 US**

**40113399**



**DO NOT WRITE IN THIS SPACE**

07222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-8027577**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WIGNALL, AMBROSINE H  
61 NE 211 STREET  
MIAMI, FL 33179**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

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  
WIGNALL, AMBROSINE H  
61 NE 211 STREET  
MIAMI, FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
WIGNALL, PERCIVAL  
61 NE 211 STREET  
MIAMI, FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *x P Wignall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*08/08/08*

Date Daytime Phone #

ATTACHMENT

SUNNYMAID RETIREMENT HOME, INC

61 NE 211 ST 40113399  
MIAMI, FL 33179 #P06000152407

AUGUST 8, 2008

Florida Dept. of State.

Please note that we never received  
prior notice of Annual Report.

+ PD Wignall  
President.

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