2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/4/2008-90045-017-$550.00-$550.00

FILED

08 SEP 24 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07082008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000119741

1. Entity Name
SUN COUNTRY CLEANING SERVICE INC

Principal Place of Business	Mailing Address
11748 MAHOGANY RUN FORT MYERS, FL 33913	11748 MAHOGANY RUN FORT MYERS, FL 33913

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11748 Mahogany Run	11748 Mahogany Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers	City & State: Fort Myers
Zip: 33913 Country: ~~Lee~~ USA	Zip: 33913 Country: U.S.A

4. FEI Number: 331187867 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LECUREAUX, LISHAWNDA E
11748 MAHOGANY RUN
FORT MYERS, FL 33913

7. Name and Address of New Registered Agent

Name: Lishawnda E LeCureux
Street Address (P.O. Box Number is Not Acceptable): 11798 Mahogany Run
City: Fort Myers FL Zip Code: 33913

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] DATE: 9-19-08

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Lishawnda E LeCureux 11748 Mahogany Run Fort Myers, Fl 33913	☐ Delete	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: [signature] 7-8-08 (239) 768-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS