

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P12672

1. Entity Name
SUNSET REALTY CORP.



Principal Place of Business
**7181 COLLEGE PKWY
STE 38
FT. MYERS, FL 33907 US**

Mailing Address
**7181 COLLEGE PKWY
STE 38
FT. MYERS, FL 33907 US**



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3007115

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**CBD
SCHWARTZ, STEPHEN L.
400 KELBY STREET 16TH FL
FORT LEE, NJ 07024**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
VAN CLIEF, MARY ANN
400 KELBY STREET, 16TH FL
FORT LEE, NJ 07024**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**AVPS
BIGGS, VICTOR
7181-38 COLLEGE PKWY
FORT MYERS, FL 33707**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VS
HALL, VALERIE
7181 COLLEGE PKWY, STE 38
FT. MYERS, FL 33907**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VP
HART, KAREN
400 KELBY STREET, 16TH FL
FORT LEE, NJ 07024**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
PRIGOREANU, MARIA
400 KELBY STREET, 16TH FL
FORT LEE, NJ 07024**

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05/05/05-80001-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary Ann Van Clief
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-05