

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90414 005 ***150.00

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1. Entity Name
SUNSACTIONS OF PANAMA CITY, INC.



40076422



04242006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3154874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASSRAF, SHLOMO
12400 FRONT BCH RD.
PANAMA CITY, FL 32407

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **ASSRAF, SHLOMO**
STREET ADDRESS **12400 FRONT BCH RD**
CITY-ST-ZIP **PANAMA CITY BCH., FL 32407**

TITLE **DTS** ☐ Delete
NAME **SIBONY, YARON**
STREET ADDRESS **1501 HORSE POINT CT**
CITY-ST-ZIP **VIRGINIA BCH., VA 23451**

TITLE **V** ☐ Delete
NAME **SIBONY, AVRAHAM**
STREET ADDRESS **1566 TEAL DR**
CITY-ST-ZIP **OCEAN CITY, MD 21842**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Change ☒ Addition
Sibony, Prosper
c/o Tyler & Co., PA
12445 Ocean Gateway, Ste 11
Ocean City, MD 21842

V ☐ Change ☒ Addition
Sibony, David
c/o Tyler & Co., PA
12445 Ocean Gateway, Ste 11
Ocean City, MD 21842

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SHLOMO ASSRAF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 850.235-9876
Date Daytime Phone #