

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000004606

1. Entity Name
SUNSATONS OF PANAMA CITY, INC.



FILED
Mar 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
12400 FRONT BCH. RD
PANAMA CITY BCH., FL 32407

Mailing Address
12400 FRONT BEACH RD
PANAMA CITY BCH., FL 32407 US



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2008 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-ST-ZIP
DP
ASSRAF, SHLOMO
12400 FRONT BCH. RD
PANAMA CITY BCH., FL 32407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
SIBONY, YARON
1916 ATLANTIC AVE
VIRGINIA BEACH, VA 23451

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIBONY, AVRAHAM
12501 COASTAL HIGHWAY
OCEAN CITY, MD 21842

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIBONY, PROSPER
12501 COASTAL HIGHWAY
OCEAN CITY, MD 21842

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIBONY, DAVID
12501 COASTAL HIGHWAY
OCEAN CITY, MD 21842

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000870153
04/09/08-80079-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shlomo Assraf, 3/20/08 850 235-9874

Date

Daytime Phone #