


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000038687**  
1. Entity Name  
**SUNNY PROPERTIES, INC.**



Principal Place of Business 5147 CASTELLO DRIVE NAPLES, FL 34103 US	Mailing Address 5147 CASTELLO DRIVE NAPLES, FL 34103 US
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0417435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DIBENEDETTO, ROBERT D  
C/O GIRARDIN BALDWIN & ASSOCIATES LLP  
5147 CASTELLO DRIVE  
NAPLES, FL 34103

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U000000033383  
02/05/04-80042-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUCK, GERT 1060 GALLEON DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BUCK, SUSAN 1060 GALLEON DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BUCK, OLIVER 1060 GALLEON DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUCK, MANUEL 1060 GALLEON DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_