


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000046565 1. Entity Name SUN-LAKES (F.E.) MANAGEMENT INC.	
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Principal Place of Business 1704 E IRLO BRONSON MEMORIAL HWY ST. CLOUD, FL 34771-5806 US	Mailing Address 1740 E IRLO BRONSON MEMORIAL HWY ST. CLOUD, FL 34771-5806 US
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3198222	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, TERENCE S
1409 GRANDVIEW BLVD
KISSIMMEE, FL 34744**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKINS, JANE C 1409 GRANDVIEW BLVD KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, TERENCE S 1409 GRANDVIEW BLVD KISSIMMEE, FL 34744
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05/19/06-80007-023 150.00

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:  **TERENCE S. HAWKINS** **4/29/2006** **407 892 8124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #