

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 005 ***150.00

DOCUMENT # P93000046565 1. Entity Name SUN-LAKES (F.E.) MANAGEMENT INC.					
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1704 E IRLO BRONSON MEMORIAL HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ST CLOUD FL		4. FEI Number 59-3198222	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34771-5806		Country US		04272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HAWKINS, TERENCE S 1409 GRANDVIEW BLVD KISSIMMEE, FL 34744				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKINS, JANE C 1409 GRANDVIEW BLVD KISSIMMEE, FL 34744 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, TERENCE S 1409 GRANDVIEW BLVD KISSIMMEE, FL 34744 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
TERENCE S. HAWKINS 4/27/07 407-758-8021 <small>Date Daytime Phone #</small>					