

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00**  
**Secretary of State**

DOCUMENT # P93000068757

1. Entity Name  
SUNNY FLORIDA CONSTRUCTION, INC.



Principal Place of Business  
420 LEE BLVD  
LEHIGH ACRES, FL 33936

Mailing Address  
PO BOX 687  
LEHIGH ACRES, FL 33936



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0446111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LORENZ, SIEGFRIED  
420 LEE BLVD  
LEHIGH ACRES, FL 33936

**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

000000687360  
04/25/08-80043-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DVST
NAME	LORENZ, SIEGFRIED
STREET ADDRESS	420 LEE BLVD
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

TITLE	P
NAME	LORENZ, DJULEAHA
STREET ADDRESS	420 LEE BLVD
CITY-ST-ZIP	LEHIGH ACRES, FL 33936

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #