

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90031 014 ***150.00

DOCUMENT # P94000068466

1. Entity Name
SUNSET KEY DEVELOPMENT CORP.



Principal Place of Business
1100 LINTON BLVD SUITE C9
DELRAY BEACH, FL 33444 US

Mailing Address
1000 MARKET STREET
BLDG 1
PORTSMOUTH, NH 03802 US

94036937



2. Principal Place of Business

1001 E. Atlantic Ave
Suite, Apt. #, etc.
Suite 202
City & State
Delray Beach, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01222004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0571152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATIN SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D WALSH, MARK**
STREET ADDRESS **1100 LINTON BLVD STE C9**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE ☐ Delete
NAME **D WALSH, MICHAEL**
STREET ADDRESS **1100 LINTON BLVD STE C9**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE ☐ Delete
NAME **D WALSH, WILLIAM**
STREET ADDRESS **1000 MARKET STREET BLDG 1**
CITY-ST-ZIP **PORTSMOUTH, NH**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1001 E. Atlantic Ave, Suite 202*
CITY-ST-ZIP *Delray Beach, FL 33483*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1001 E. Atlantic Ave, Suite 202*
CITY-ST-ZIP *Delray Beach, FL 33483*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Mark Walsh *2/4/2004* *(561) 279-9900*