## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P94000071385**

1. Entity Name

SUNSET ISLAND UTILITIES CORPORATION



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

1001 EAST ATLANTIC AVE.

SUITE 202

DELRAY BEACH, FL 33483

Mailing Address

1000 MARKET STREET

**BUILDING ONE** 

PORTSMOUTH, NH 03801



01212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 51-0576944

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483

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	ve named entity submits this statement for the pations of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am famili	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	fapplicable (NOTE: Registere	d Agent signature	required when reinstating)	1000000 1 5000	
	LE NOW!!! FEE IS \$150.00 May 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	05/08/08-80081-00	5 150.00
10.	OFFICERS AND DIRECTORS		9.4113	the factor of the	July to the transfer of the state of	1 30 5 2 3 5 6
TITLE	PD					

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALSH, MARK 1001 EAST ATLANTIC AVE.,STE. 202 DELRAY BEACH, FL 33483 VD
NAME STREET ADDRESS CITY-ST-ZIP	WALSH, MICHAEL 1001 EAST ATLANTIC AVE.,STE. 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WILLIAM 1001 EAST ATLANTIC AVE.,STE. 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADE, RICHARD C 1000 MARKET STREET,STE. 300 PORTSMOUTH, NH 03801
TIILE NAME STREET ADDRESS CITY-ST- <i>Z</i> IP	V MCMURRAIN, THOMAS T 1001 EAST ATLANTIC AVENUE,STE. 202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE,STE. 201 DELRAY BEACH, FL 33483

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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 poort is truly 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 trusted 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:

NATURE AND TYPES OR SHALLED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

Daytima Phone 3107