

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008484

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: SUNSET KEY MC CORPORATION

## Current Principal Place of Business:

245 FRONT ST  
KEY WEST, FL 33040 US

## New Principal Place of Business:

## Current Mailing Address:

1000 MARKET STREET  
BLDG 1  
PORTSMOUTH, NH 03802 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALSH, MICHAEL  
Address: 1001 E. ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: P ( ) Delete  
Name: WALSH, MARK  
Address: 1001 E. ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete  
Name: MCMURRAIN, THOMAS  
Address: 1001 E. ATLANTIC AVE.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S ( ) Delete  
Name: CRITCHFIELD, RICHARD  
Address: 1000 MARKET STREET BLDG 1  
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP ( ) Delete  
Name: WALSH, WILLIAM  
Address: 1000 MARKET ST.  
City-St-Zip: PORTSMOUTH, NH 03801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WALSH

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date