

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90264 025 ***150.00

DOCUMENT # P95000012996

1. Entity Name

SUNSET COVE RESORT, INC.



Principal Place of Business

99360 OVERSEAS HWY
KEY LARGO FL 33037
US

Mailing Address

P O BOX 2572
KEY LARGO FL 33037-7

2. Principal Place of Business

11751-208TH ST

Suite, Apt. #, etc.

3. Mailing Address

11751-208TH ST

Suite, Apt. #, etc.

City & State

O'BRIEN, FL.

Zip

32071

Country

SAUNNEE

City & State

O'BRIEN, FL.

Zip

32071

Country

SAUNNEE



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0561908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTON, C.W.
11751 208TH STREET
O BRIEN FL 32071

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DRENNAN, EILEEN	
STREET ADDRESS	11751 208 ST	
CITY-ST-ZIP	O BRIEN FL 32071	
TITLE	STDR	<input type="checkbox"/> Delete
NAME	NORTON, C.W.	
STREET ADDRESS	11751 208 ST	
CITY-ST-ZIP	O BRIEN FL 32071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

C. W. Norton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 386-330-2449

Date

Daytime Phone #