

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000048197**

1. Entity Name  
**SUNLINER REALTY GROUP, INC.**



Principal Place of Business  
**461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080**

Mailing Address  
**461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080**



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3324309**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75. Additional.  
Fee Required**

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

**JACOBS, PHILIP H  
311 WEFF ROAD  
ST AUGUSTINE, FL 32080**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	JACOBS, PHILIP H
STREET ADDRESS	461 A1A BCH BLVD
CITY-ST-ZIP	ST AUGUSTINE BEACH, FL 32084

TITLE	
NAME	
STREET ADDRESS	
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U000000811029  
02/11/08-20010-010 150.00

**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:

*Philip H Jacobs* **PHILIP H. JACOBS** 1/28/08 904 471-3016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #