## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # P95000069701  1. Entity Name SUNFISH INCORPORATED								05-03-200	07 90039	9 019 ***	*150.00
Principal Place of Business 103 WEST MARION AVENUE PUNTA GORDA, FL 33950				Mailing Address 103 WEST MARION AVENUE PUNTA GORDA, FL 33950							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04272007	Chg-P	CR2E	34 (12/06	)
City & State				City & State		4. FEI Number 65-0619227			·	opplied For lot Applicable	
Zip	Country			Zip Coun		itry	5. Certificate	of Status Desired		\$8.75 Ac Fee Requir	
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New F	Registered	Agent	
STRANG & OLSEN CPA'S P. A. 103 WEST MARION AVE. PUNTA GORDA, FL 33950						Street Address	s (P.O. Box Numb	er is Not Acceptabl	e)		<u>-</u> 10
PONTA GONDA, I E 33330						City			FL	Zip Co	de
	named entit	ty submits this statement	for the p	ourpose of changing its	register	 ed office or regist	tered agent, or bo	oth, in the State of Fl		-	a, and accept
SIGNATURE.											
	Signature, typed	d or printed name of registered age	nt and libe	il applicable. (NOT	E Registere	d Agent signatura requi	red when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
		FEE IS \$150.00 7 Fee will be \$550	.00	<ol> <li>Election Campa Trust Fund Con</li> </ol>	-		5.00 May Be dded to Fees				
10.	OFFICERS AND DIRECTORS 11						ADDITIONS	/CHANGES TO OFF	ICERS AN		
TITLE NAME	D Delete TITL									Change	Addition
STREET ADDRESS CITY-ST-ZIP	103 WEST MARION AVENUE STRUCTURE PUNTA GORDA, FL 33950 CITY					EET ADDRESS '-ST-ZIP					. <del>.</del> .
TITLE NAME	D Defete TITL BEELI, RUTH NAM					- 1				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	103 WEST MARION AVENUE					EET ADORESS '- ST-ZIP					
TITLE	☐ Delete IITL									Change	☐ Addition
NAME STREET ADDRESS CITY+ST+ZIP						EET ADDRESS 7-ST-ZIP					
TITLE				Delete	THE					☐ Change	Addition
NAME STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	ļ					7-51-ZIP		<del> </del>		Channe	- Addition
TITLE NAME				☐ Defete	TITL NAM	}				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						LET ADDRESS (+S1-ZIP					
TITLE NAME				☐ Delete	JIII NAN	l l				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STR	EET ADDRESS Y-ST-ZIP					
indicated of the cor	l on this repo rporation or t	ne information supplied wort or supplemental report the receiver or trustee err tachment with an address	t is true ipowere	and accurate and that d to execute this repor	my signa t as requ	sture shall have th	ne same legal effe 607, Florida Statut	es; and that my nan	oath; that t	am an offici	er or airector
SIGNAT	IIRE.		1	·			41	30/07			
CIGITAL	UILL.	SIGNATURE AND TYPED O	R PRINTE	D NAME OF SIGNING OFFICE	R OR DIREC	TOR		Date		Daytime Phone	•