

2007 FOR PROFIT CORPORATION ANNUAL REPORT

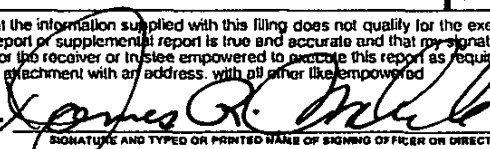
FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90015 001 ***150.00

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01092007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000034572					
1. Entity Name SUNSET VACATIONS CORP.					
Principal Place of Business 3201 LINDFIELDS BLVD. KISSIMMEE, FL 34747			Mailing Address 20 N. ORANGE AVE SUITE 600 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite Apt #, etc			Suite Apt #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3443558	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRY, SOTNER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801			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 sets if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WEHRLE, JAMES R 3201 LINDFIELDS BLVD KISSIMMEE, FL 34747 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 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 			Feb. 22 2007 407-956-1267		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		