## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2004 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P97000056792  1. Entity Name ZZZ SUNNY FLORIDA, INC.  Principal Place of Business 3355 SE 22ND PLACE CAPE CORAL, FL 33904  DO NOT WRITE IN THIS SPACE  Applied For	ANNUAL REPURI			Secretary of State			
Principal Place of Business  3355 SE 22ND PLACE CAPE CORAL, FL 33904  DO NOT WRITE IN THIS SPACE  1318 LAFAYETTE ST CAPE CORAL, FL 33904  O1132004 No Chg-P CR2E034 (10/03)  1. FEI Number 65-0786005 Not Applicate 65-0786005  5. Certificate of Status Desired S8.75 Additional Fee Required  6. Name and Address of Current Registered Agent  HILL, THOMAS W 1318 LAFAYETTE ST CAPE CORAL, FL 33904  DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida. Lam familiar with, and acceptable in the State of Florida.	<i>1</i> — — — — — — — — — — — — — — — — — — —			Secretary of State			
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Bis configurations on registered agents.	8. The above named entity submits this statement for the	purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	rida. I am familia	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature requises			when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing				.00 May Be led to Fees	000000 48/16/04	0052720 -80103-003	5 150.00
10. OFFICERS AND DIRECTORS	10. OFFICERS AND DIRE	CTORS		T			
TITLE D NAME SONDER, KARLHEINZ	,						
STREET ADDRESS 3355 SE 22ND PLACE	STREET ADDRESS 3355 SE 22ND PLACE		1				
CITY-ST-ZP CAPE CORAL, FL 33904			4				
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STREET ADDRESS CITY-ST-ZP	STREET ADDRESS						
TITLE			•				
NAME Street address	NAME						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information inclicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information inclicated on this report or supplied with that I am an officer or director of the corporation or the receiver of fustee 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR