## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P97000074259**

1. Entity Name

SUNSET SUPPORT SERVICES, INC.



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

18101 BURRELL ROAD ODESSA, FL 33556 18101 BURRELL ROAD ODESSA, FL 33556



04262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3463670

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAAC, ELIZABETH D 18101 BURRELL ROAD ODESSA, FL 33556

## 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					
FIL After Ma	E NOW!!! FEE IS \$150.00  9. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10:-	OFFICERS AND DIBECTORS	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISAAC, ELIZABETH D 18101 BURRELL ROAD ODESSA, FL 33556			U00000147775 U03-04-80119-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				to VarD4-8U119-U23 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

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:

STREET ADDRESS CITY-ST-ZIP

STANDER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 4/29/54 ×813-

X813-679-3107