

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-08-2008 90022 011 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000018240 1. Entity Name SUN CHARM RANCH, INC.	
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Principal Place of Business 1209 EDGEWATER DR. ORLANDO, FL 32804	Mailing Address 1209 EDGEWATER DR. ORLANDO, FL 32804
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DO NOT WRITE IN THIS SPACE

66012934



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3495783	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCALL, KENNETH G
1209 EDGEWATER DR.
ORLANDO, FL 32804**

**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.

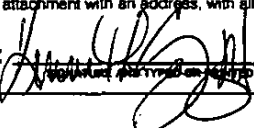
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCALL, KENNETH G 1209 EDGEWATER DR. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCALL, KENNETH E 1209 EDGEWATER DR. ORLANDO, FL 32804
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**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:  **Kenneth Gray McCall** **5/30/08** **407 423-0416**

DATE: _____ DAYTIME PHONE: _____