

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000000362

1. Entity Name
SUNSACTIONS OF MARCO ISLAND, INC.



Principal Place of Business
**671 S. COLLIER BLVD.
MARCO ISLAND, FL 34145**

Mailing Address
**12445 OCEAN GATEWAY
STE 11
OCEAN CITY, MD 21842**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0883681

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, KENNETH R
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103**

**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

Signature, typed or printed name of registered agent and title if applicable

(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**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LARIA, SHLOMO
STREET ADDRESS	7690 SICILIA COURT
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	D
NAME	SIBONY, PROSPER
STREET ADDRESS	12501 COASTAL HIGHWAY
CITY-ST-ZIP	OCEAN CITY, MD 21842
TITLE	D
NAME	SIBONY, AVRAHAM
STREET ADDRESS	12501 COASTAL HIGHWAY
CITY-ST-ZIP	OCEAN CITY, MD 21842
TITLE	D
NAME	SIBONY, YARON
STREET ADDRESS	1916 ATLANTIC AVENUE
CITY-ST-ZIP	VIRGINIA BEACH, VA 23451
TITLE	D
NAME	SIBONY, DAVID
STREET ADDRESS	12501 COASTAL HIGHWAY
CITY-ST-ZIP	OCEAN CITY, MD 21842
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80093-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08 889 0555