2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000067674

1. Entity Name
SUNNY PLACES, INC.

Principal Place of Business	Mailing Address
341 N MAITLAND AVE, SUITE 340 MAITLAND, FL 32751	P.O. BOX DRAWER 7540 MAITLAND, FL 32794-7540

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3603058
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TATICH, PHILIP
341 N MAITLAND AVE, SUITE 340
MAITLAND, FL 32751

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CRESTANI, CESARE
STREET ADDRESS	341 N. MAITLAND AVE #340
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DVP
NAME	FAVARI, FRANCA
STREET ADDRESS	341 N. MAITLAND AVE #340
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DS
NAME	FESTIVAL, EMANULE
STREET ADDRESS	341 N. MAITLAND AVE #340
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DT
NAME	TAVAGNA, GIORGIO
STREET ADDRESS	341 N. MAITLAND AVE #340
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	FILIPAZ, ROBERTO
STREET ADDRESS	341 N. MAITLAND AVE #340
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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'05/03/04-80155-004 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #