

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000067674 1. Entity Name SUNNY PLACES, INC.	
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Principal Place of Business 341 N MAITLAND AVE, SUITE 340 MAITLAND, FL 32751	Mailing Address P.O. BOX DRAWER 7540 MAITLAND, FL 32794-7540
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

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

**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 _____

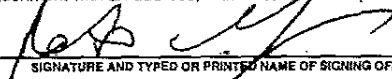
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CRESTANI, CESARE 341 N. MAITLAND AVE #340 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP FAVARI, FRANCA 341 N. MAITLAND AVE #340 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FESTIVAL, EMANULE 341 N. MAITLAND AVE #340 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TAVAGNA, GIORGIO 341 N. MAITLAND AVE #340 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FILIPAZ, ROBERTO 341 N. MAITLAND AVE #340 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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75/03/04-80155-004 150.00

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 # _____