

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K14657

Entity Name: SUN POINT TRAVEL, INC.**Current Principal Place of Business:**309 BLUEWATER FALLS CT
APOLLO BEACH, FL 33572**Current Mailing Address:**309 BLUEWATER FALLS CT
APOLLO BEACH, FL 33572 US**FEI Number:** 59-2870774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CALVIN, LEVETA M
309 BLUEWATER FALLS CT,
APOLLO BEACH, FL 33572 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	CALVIN, LEVETA M
Address	309 BLUEWATER FALLS CT.
City-State-Zip:	APOLLO BEACH FL 33572

Title	VP
Name	GAGLIARDI, DOLORES VP
Address	1347 MISTY GREENS DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIR
Name	BORIS, MARGARET
Address	3604 GAVIOTA DRIVE
City-State-Zip:	RUSKIN FL 33573

Title	DIR
Name	BORIS, JAMES S
Address	3604 GAVIOTA DRIVE
City-State-Zip:	RUSKIN FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEVETA M. CALVIN**PRESIDENT****01/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date