


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 196579 1. Entity Name SUN HARBOR, INC.	
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Principal Place of Business 214 INLET WAY PALM BEACH SHORES, FL 33404 US	Mailing Address 214 INLET WAY PALM BEACH SHORES, FL 33404 US
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DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-6071928 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HANES, GALEN
 214 INLET WAY
 # 106
 PALM BEACH SHORES, FL 33404

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANES, GALEN 214 INLET WAY #106 PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORCIA, JOHN 214 INLET WAY # 204 PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKERAIE, RITA 214 INLET WAY # 105 PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAC PHERSON, LINDA 214 INLET WAY #202 PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBURGEY, WAYNE 214 INLET WAY #206 PALM BEACH SHORE, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000189343
 01/24/05-80088-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda A MacPherson LINDA A MACPHERSON 01-18-05 (501) 848 3526

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