


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90021 007 ***150.00

DOCUMENT # 499088					
1. Entity Name SUNCRAFT ENGINEERING AND CONSTRUCTION CORPORATION					
Principal Place of Business 932 CENTRE CIRCLE SUITE 1100 ALTAMONTE SPRINGS, FL 32714			Mailing Address 932 CENTRE CIRCLE SUITE 1100 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOTIC, HELLA M. 932 CENTRE CIRCLE, SUITE 1100 ALTAMONTE SPRINGS, FL 32714				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTIC, BRANIMIR			NAME	
STREET ADDRESS	3708 WATERCREST DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTIC, HELLA M.			NAME	
STREET ADDRESS	3708 WATERCREST DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTIC, BRYAN S.			NAME	
STREET ADDRESS	1906 LOST SPRING COURT			STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32779			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, RODGER E.			NAME	
STREET ADDRESS	1001 OBSERVATORY CT.			STREET ADDRESS	2013 Spring Drive
CITY-ST-ZIP	ORLANDO, FL 32818			CITY-ST-ZIP	Oviedo, FL 32765
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Hella Botic</i>			Date: <i>Jan. 3 2005</i> 407-788-3007		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

50000705



01032005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1655536 Applied For Not Applicable

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

FL

\$5.00 May Be Added to Fees

Change Addition

Change Addition

Change Addition