

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90275 003 \*\*\*150.00

40041548



01252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F04000002771</b>					
1. Entity Name SUN QRS POOL 12, INC.					
Principal Place of Business 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034			Mailing Address 27777 FRANKLIN ROAD, STE. 200 SOUTHFIELD, MI 48034		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <del>APPLIED FOR</del> 20-1142718	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	CEOC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIFFMAN, GARY A		NAME		
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD, MI 48034		CITY-ST-ZIP		
TITLE	EVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORISSEN, JEFFREY P		NAME		
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD, MI 48034		CITY-ST-ZIP		
TITLE	EVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANNON, BRIAN W		NAME		
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD, MI 48034		CITY-ST-ZIP		
TITLE	EVPA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLMAN, JONATHAN		NAME		
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD, MI 48034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, CLUNET R		NAME		
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD, MI 48034		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, ARTHUR A		NAME		
STREET ADDRESS	27777 FRANKLIN ROAD, STE. 200		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD, MI 48034		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: 		JEFFREY P. JORISSEN		4/14/05 248-2082500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	