


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000005405
 1. Entity Name
SUN HOME SERVICES, INC.



Principal Place of Business Mailing Address
27777 FRANKLIN **27777 FRANKLIN**
STE 200 **STE 200**
SOUTHFIELD, MI 48034 **SOUTHFIELD, MI 48034**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
62-1370068 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000313361
 04/18/05-80118-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	COLMAN, JONATHAN M
STREET ADDRESS	27777 FRANKLIN RD STE 200
CITY - ST - ZIP	SOUTHFIELD, MI 48034
TITLE	ST
NAME	JORISSEN, JEFFREY P
STREET ADDRESS	27777 FRANKLIN RD., STE 200
CITY - ST - ZIP	SOUTHFIELD, MI 48034
TITLE	PD
NAME	SHIFFMAN, GARY A
STREET ADDRESS	27777 FRANKLIN RD STE 200
CITY - ST - ZIP	SOUTHFIELD, MI 48034
TITLE	CFST
NAME	JORISSEN, JEFFREY P
STREET ADDRESS	27777 FRANKLIN RD STE 200
CITY - ST - ZIP	SOUTHFIELD, MI 48034
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 **JEFFREY P. JORISSEN** 41465 2482082500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #