

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000038893

1. Entity Name
SUNTREG, INC.



Principal Place of Business
2323 DELPRADO BLVD., STE. 7, P.M.B. #147
CAPE CORAL, FL 33990-4611

Mailing Address
2323 DELPRADO BLVD., STE. 7, P.M.B. #147
CAPE CORAL, FL 33990-4611



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1000853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAJUSZ, SOL
2323 DELPRADO BLVD., STE. 7, P.M.B. #147
CAPE CORAL, FL 33990-4611

**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: Sol M. Bajusz Sol M. Bajusz 3-1-05
Signature, typed or printed name of registered agent and title if applicable (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. ☐ \$5.00 May Be
Added to Fees

U000000251204
03/04/05-80042-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BAJUSZ, SOL
STREET ADDRESS 2323 DELPRADO BLVD., STE. 7, P.M.B. #147
CITY - ST - ZIP CAPE CORAL, FL 339904611

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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)(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: Sol M. Bajusz Sol M. Bajusz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05
Date

239-540-5974
Daytime Phone #