2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90281 006 ***150.00

DOCUMENT # P02000016145

1. Entity Name
SUNBELT SALES & SERVICE, INC.

94054635

Principal Place of Business	Mailing Address
~~3520 JACQUE LEE~~ LN. 1617 Morning Dove Loop N LAKELAND, FL ~~33803~~ 33809	~~3520 JACQUE LEE~~ LN. 1617 Morning Dove Loop N LAKELAND, FL ~~33803~~ 33809

04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1531972
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, LISA ANN
~~3520 JACQUE LEE LANE~~ 1617 Morning Dove Loop N
LAKELAND, FL ~~33803~~ 33809

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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: Lisa Clark 4/10/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, LISA ANN
STREET ADDRESS	~~3520 JACQUE LEE LN.~~ 1617 Morning Dove Loop N
CITY-ST-ZIP	LAKELAND, FL ~~33803~~ 33809
TITLE	D
NAME	CLARK, HAROLD MATTHEW
STREET ADDRESS	~~3520 JACQUE LEE LN.~~ 1617 Morning Dove Loop N
CITY-ST-ZIP	LAKELAND, FL ~~33803~~ 33809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: Lisa Clark, President Lisa Ann Clark 4/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #