

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P03000022481 1. Entity Name SUN INSURANCE SERVICES, INC.	
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Principal Place of Business 7009 DR. PHILLIPS BLVD. SUITE 110 ORLANDO, FL 32819	Mailing Address 7738 APPLE TREE CIRCLE ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1151877	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRANDT, JAMES
7738 APPLE TREE CIRCLE
ORLANDO, FL 32819

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

11000000251409

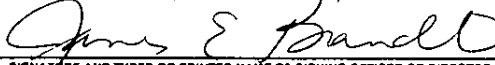
04/03/08-80008-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRANDT, JAMES
STREET ADDRESS	7738 APPLE TREE CIRCLE
CITY- ST- ZIP	ORLANDO, FL 32819
TITLE	S
NAME	BRANDT, DEE
STREET ADDRESS	7738 APPLE TREE CIRCLE
CITY- ST- ZIP	ORLANDO, FL 32819
TITLE	D
NAME	ROSENSTRAUCH, KATHLEEN B
STREET ADDRESS	309 ARIEL DRIVE NE
CITY- ST- ZIP	LEESBURG, VA 20176
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 407-781-1602
Date Daytime Phone #