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.

Principal Place of Business	Mailing Address
7009 DR. PHILLIPS BLVD. SUITE 110 ORLANDO, FL 32819	7738 APPLE TREE CIRCLE ORLANDO, FL 32819

03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

000009E1409
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	
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: James E Brandt 3/14/08 407-781-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #