

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90021 012 ***150.00

DOCUMENT # P03000096074

1. Entity Name
SUNDERLAND UTILITIES INC.



Principal Place of Business Mailing Address
3342 PETUNIA TERR **3342 PETUNIA TERR**
N PORT, FL 34286 **N PORT, FL 34286**

50033069



2. Principal Place of Business 3. Mailing Address
5193 Balmor Sea **5193 Balmor TERR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State City & State
North Port FL **North Port, FL**
 Zip Country Zip Country
34287 **USA** **34287** **USA**

4. FEI Number Applied For
20-0211785 Not Applicable

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

6. Name and Address of Current Registered Agent
SUNDERLAND, TERESA S
3342 PETUNIA TERR
N PORT, FL 34286

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SUNDERLAND-SHEEHAN, TERESA 3342 PETUNIA TERR. NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SUNDERLAND, MIKE 3342 PETUNIA TERR. NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Teresa Sheehan Sunderland Date 3/26/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

941-429-6740