

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019221

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: SUNSTATE RESTORATION, INC.

**Current Principal Place of Business:**

17567 SW 47TH ST  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

17567 SW 47TH ST  
DUNNELLON, FL 34432

**New Mailing Address:**

FEI Number: 37-1483696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YORK, CHARLES  
17567 SW 47TH ST  
DUNNELLON, FL 34432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: YORK, CHARLES  
Address: 17567 SW 47TH ST  
City-St-Zip: DUNNELLON, FL 34432

Title: VP ( ) Delete  
Name: JONES, JAMES  
Address: 8470 N ELKCAM BLVD  
City-St-Zip: CITRUS SPRINGS, FL 34433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES YORK

PST

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date