

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 30 AM 7:44

**DOCUMENT # P96000016231**



1. Entity Name  
**SUN C. INC.**

Principal Place of Business  
**11631 COLUMBIA PARK DR EAST  
JACKSONVILLE, FL 32258**

Mailing Address  
**11631 COLUMBIA PARK DR EAST  
JACKSONVILLE, FL 32258**

05/04/06 96201 043 15<sup>00</sup>



2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, et

City & State **530 Ellis Road, Suite 212  
Jacksonville, FL 32210**

04182006 Chg-P CR2E034 (11/05)

Zip

Country

4. FEI Number  
**59-3366316**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANDON, PERRI H  
11631 COLUMBIA PARK DR EAST  
STE 1  
JACKSONVILLE, FL 32258**

7. Name and Address of New Registered Agent

Name **Judy J Tirado**  
Street **530 Ellis Road, Suite 212**  
**Jacksonville, FL 32210**  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent. I am familiar with, and accept

SIGNATURE *Judy J Tirado*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign)

Judy J Tirado 1-4-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judy J Tirado*