

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82744

Entity Name: SUN-ROCK INC.**Current Principal Place of Business:**904 ANCLOTE RD
TARPON SPRINGS, FL 34689**Current Mailing Address:**PO BOX 2705
TARPON SPRINGS, FL 34688 US**FEI Number:** 59-2923480**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WINDSTRUP, DANIEL W
904 ANCLOTE RD.
TARPON SPRINGS, FL 34689 US*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**Officer/Director Detail :**

| | |
|-----------------|----------------------|
| Title | PD |
| Name | WINDSTRUP, EDMUND P. |
| Address | 275 MAPLE AVE. |
| City-State-Zip: | PALM HARBOR FL 34684 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | WINDSTRUP, BARBARA J. |
| Address | 275 MAPLE AVE. |
| City-State-Zip: | PALM HARBOR FL 34684 |

| | |
|-----------------|-------------------------|
| Title | VPD |
| Name | WINDSTRUP, DANIEL W. |
| Address | 904 ANCLOTE RD |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

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|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | NORDSTROM , CHRIS |
| Address | 904 ANCLOTE RD |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

| | |
|-----------------|-------------------------|
| Title | SD |
| Name | WINDSTRUP, ANGELA |
| Address | 904 ANCLOTE RD |
| City-State-Zip: | TARPON SPRINGS FL 34689 |

I hereby 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 all other like empowered.

SIGNATURE: DAN WINDSTRUP

VPD

02/09/2019

Electronic Signature of Signing Officer/Director Detail_____
Date