

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90010 004 ***150.00

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02212007 Chg-P CR2E034 (12/06)

DOCUMENT # 163967 1. Entity Name SUN SANITARY SUPPLIES INC					
Principal Place of Business 3301 TYRONE BLVD ST PETERSBURG, FL 33710			Mailing Address 3301 TYRONE BLVD ST PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 9443 Suite, Apt. #, etc.			
City & State		City & State Treasure Island, FL 33740			
Zip	Country	Zip	Country	4. FEI Number 59-0629860	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOEB, ERIC 3301 TYRONE BLVD. ST. PETE, FL 33710			7. Name and Address of New Registered Agent Name: LOEB, ERIC Street Address (P.O. Box Number is Not Acceptable) 10355 Paradise Blvd., #908 City: Treasure Island State: FL Zip Code: 33706-3188		
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: <u><i>Eric Loeb</i></u> DATE: <u>2/28/07</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LOEB, ERIC 3301 TYRONE BLVD ST PETERSBURG, FL 33710	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOEB, ERIC 10355 Paradise Blvd., #908 Treasure Island, FL 33706-3188	<input type="checkbox"/> Delete <input checked="" 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 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: <u><i>Eric Loeb</i></u> DATE: <u>2/28/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					