2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-14-2006 90148 020 ***150.00

DOCUMENT # 284825

1. Entity Name
SUN'N SEA INC

Principal Place of Business	Mailing Address
4651 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-2101	4651 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-2101

DUU12057

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-1056986
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD D. SMITH 1515 RINGLING BLVD STE 860 SARASOTA, FL 34236	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	TD WRIGHT, ROBERT 2885 SPRINGWOOD CT CINCINNATI, OH 45248	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GREG GRAHAM 3110 W. ASHLAND MUNCIE, IN 47304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUTZ, WILLIAM P ~~10712 KESWICK STREET~~ 3906 DRESDON ST. ~~GARRETT PARK, MD 20896~~ KENSINGTON, MD 20895	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUSAN COUGHLIN 727 Cummings Ave. KENILWORTH, IL 60043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEEMER, JULIA COPE 5616 N. CENTRAL AVE. INDIANAPOLIS, IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADONNA GASCHO 1518 CENTRAL LAFAYETTE, IN 47905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLOSS, WILLIAM 8811 CHOLLA RD INDIANAPOLIS, IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peter G. Rush 512 S. Lincoln St. HINSDALE, IL 60521	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOSS, LINDA 8828 EL RICO DR INDIANAPOLIS, IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAROLYN TRUEBLOOD 3604 CYPRESS LANE LAFAYETTE, IN 47905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSH, STEPHEN M P.O. BOX 933 LAFAYETTE, IN 47902	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Patrick T. Murphy MGR PATRICK T. MURPHY 4-12-06 941-383-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #