

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90024 036 ***150.00

DOCUMENT # 420068

1. Entity Name

SUN POWER DIESEL, INC.



Principal Place of Business

HARBOUR TOWNE MARINA
833 N.E. 3RD STREET
DANIA BEACH FL 33004

Mailing Address

HARBOUR TOWNE MARINA
833 N.E. 3RD STREET
DANIA BEACH FL 33004

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

59-1485453

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

DAVIS, JOHN J.
413 SW 3RD AVE
FT LAUDERDALE FL 33315

Name

JOHN J. DAVIS, PRES

Street Address (P.O. Box Number is Not Acceptable)

833 NE 3RD STREET

City

DANIA BEACH

FL

Zip Code

33004

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN J	
STREET ADDRESS	413 SW 3 AV	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILSEY, LARRY	
STREET ADDRESS	413 S.W. 3 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DAVIS, ALICIA	
STREET ADDRESS	413 S.W. 3 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)
1/21/04 237-2200