

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 480798

1. Entity Name
SUN IMPORTS, INC.



Principal Place of Business

**7333 S TAMiami TR
SARASOTA, FL 34231**

Mailing Address

**7333 S TAMiami TR
SARASOTA, FL 34231**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1610618

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILDE, MARK H
7037 S TAMiami TRAIL
SARASOTA, FL 34231**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UN00000144647
04/30/04-80140-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WILDE, MARY ANN
STREET ADDRESS	7037 S TAMiami TRAIL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	VT
NAME	WILDE, MARK H.
STREET ADDRESS	7333 S TAMiami TR
CITY-ST-ZIP	SARASOTA, FL
TITLE	VPS
NAME	PALMER, DEAN M
STREET ADDRESS	7037 S TAMiami TRAIL
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/27/04 (941) 923-3413
Date Daytime Phone #