

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90011 015 ***150.00

DOCUMENT # 532089

1. Entity Name

SUN OPERATIONS OF KISSIMMEE, INC.



Principal Place of Business

5020 W. IRLO BRONSON HWY
KISSIMMEE FL 34746
US

Mailing Address

5020 W. IRLO BRONSON HWY
KISSIMMEE FL 34746
US

44010886



MOORE CR2E034 (11/03)

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

59-1738886

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

SUN, HAO
5020 W SPACE COAST PKWY
KISSIMMEE FL 32741

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

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	PD	<input type="checkbox"/> Delete
NAME	SUN, HAO	
STREET ADDRESS	5020 W IRLO BRONSON	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VMS	<input type="checkbox"/> Delete
NAME	SUN, CECILIA	
STREET ADDRESS	5020 W. IRLO BRONSON	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUN, TSUI-YANG	
STREET ADDRESS	5020 W IRLO BRONSON	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	EPM	<input type="checkbox"/> Delete
NAME	SUN, LAN YING	
STREET ADDRESS	5020 W IRLO BRONSON	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLIFFORD N SUN	
STREET ADDRESS	5020 W. IRLO BRONSON	
CITY-ST-ZIP	KISS, FL 34746	
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

2/8/04 321-438-1705
Date Daytime Phone #