



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90094 031 \*\*\*150.00

<b>DOCUMENT # 537371</b> 1. Entity Name <b>SUN COUNTRY, INC.</b>					
Principal Place of Business <b>140 S ATLANTIC AVE STE 203</b> <b>ORMOND BEACH, FL 32-1769 US</b>				Mailing Address <b>140 S ATLANTIC AVE STE 203</b> <b>ORMOND BEACH, FL 32-1769 US</b>	
2. Principal Place of Business - No P.O. Box # <b>570 MEMORIAL CIR</b> Suite, Apt. #, etc. <b>SUITE 300</b>		3. Mailing Address <b>570 MEMORIAL CIR</b> Suite, Apt. #, etc. <b>SUITE 300</b>		<b>40047270</b> 	
City & State <b>ORMOND BEACH, FL</b> Zip <b>32174</b>		City & State <b>ORMOND BEACH, FL</b> Zip <b>32174</b>		4. FEI Number <b>59-1462289</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EDWARD SCHWARZ</b> <b>140 S ATLANTIC AVE STE 203</b> <b>ORMOND BEACH, FL 32176</b>				7. Name and Address of New Registered Agent Name <b>EDWARD SCHWARZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>570 MEMORIAL CIR</b> <b>SUITE 300</b> City <b>ORMOND BEACH</b> <b>FL</b> Zip Code <b>32174</b>	
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>Ed Schwarz</i></u> <b>EDWARD SCHWARZ</b> <u>3/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SCHWARZ, EDWARD L. 1001 SHOCKNEY DR. ORMOND BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARZ, JAMES R 1201 CARRINGTON TR JOPLIN, MO 64804 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARZ, RALPH L 12 NOTTINGHAM DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ed Schwarz</i></u> <b>ED SCHWARZ</b> <u>3/19/07</u> <u>386.672.8530</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					