

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90025 031 ***150.00

DOCUMENT # 548887

1. Entity Name
SUN & RAIN ENTERPRISES, INC.



Principal Place of Business
**1551 E NINE MILE RD
PENSACOLA, FL 32514 US**

Mailing Address
**1551 E NINE MILE RD
PENSACOLA, FL 32514 US**

00004004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1769483

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

**SANDFORT, SCOTT
127 E ZARAGOZA ST
STE 206
PENSACOLA, FL 32501**

**Bass & Sandfort Accountants, PA
1301 W. Garden Street
Pensacola FL 32501-4504**

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 the application. (NOTE: Registered Agent signature required when reinstating)

DATE

1/29/04

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ROBINSON, MARCUS W.**
CITY-ST-ZIP **8751 WREN DRIVE
PENSACOLA, FL 325348744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ROBINSON, LAVERNA C.**
CITY-ST-ZIP **8751 WREN DRIVE
PENSACOLA, FL 325348744**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *LaVerne C. Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-04 850-476-3389
Date Daytime Phone #