


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 559253**  
 1. Entity Name  
**SUN LAND FINANCIAL CORP.**



Principal Place of Business      Mailing Address  
**1406 GULF BLVD**                      **1406 GULF BLVD**  
**# 603**                                      **# 603**  
**CLEARWATER, FL 33767**              **CLEARWATER, FL 33767**

**DO NOT WRITE IN THIS SPACE**



02042006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
**58-2262107**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**FLAVAN, JOHN M**  
**1406 GULF BLVD**  
**# 603**  
**CLEARWATER, FL 33767**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

11111000422763  
 02/17/06-80030-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	FLAVAN, JOHN M
STREET ADDRESS	1406 GULF BLVD # 603
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VD
NAME	HIGGS, NEAL P.
STREET ADDRESS	2723 WOLF RIVER CT.
CITY-ST-ZIP	NAPERVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** John M. Flavan    **JOHN M. FLAVAN**    1/30/06 (727)244-1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #