

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90018 011 ***150.00

40033740



01062005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0020341** Applied For
Not Applicable

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

DOCUMENT # 661337

1. Entity Name
SUNWOOD INC.



Principal Place of Business
**950 NORTH US 1
STE 207
POMPANO BEACH, FL 33062 US**

Mailing Address
**950 NORTH US 1
STE 207
POMPANO BEACH, FL 33062 US**

2. Principal Place of Business
**1603 W. Terra Mar Drive
Suite, Apt. #, etc.
Pompano Beach
City & State
Florida
Zip
33062**

3. Mailing Address
**P.O. Box 714
Suite, Apt. #, etc.
Pompano Beach
City & State
Florida
Zip
33061**

Country

6. Name and Address of Current Registered Agent
**BAYMAN, KAY
950 NORTH US 1 #207
POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent
Name **BAYMAN, KAY**
Street Address (P.O. Box Number is Not Acceptable)
1603 W. TERRA MAR DRIVE
Pompano Beach,
City **FL** Zip Code **33062**

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 K. BAYMAN **K. BAYMAN** 15 Jan 05
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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PTVD BAYMAN, K. 950 N. US 1 STE 207 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVD BAYMAN, K. 1603 W. Terra Mar Drive Pompano Beach, FL 33062 <input checked="" 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
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 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: K. BAYMAN **K. BAYMAN, Pres.** 15 Jan 05
Signature and typed or printed name of signing officer or director Date Daytime Phone #