2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 674939

Name:

Address:

City-St-Zip:

TURNER, ELAYNE

13555 AUTOMOBILE BLVD.

CLEARWATER, FL 33762 US

Entity Name: SUN STATES SERVICES, INC.

FILED Jan 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
13555 AUT	FOMOBILE BLVD				
	ATER, FL 33762	US			
Current M	lailing Address:		New Mailing Address	::	
	EBONNET BLVD. DUGE, LA 70809				
FEI Number:	: 58-1401859	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
STE. 500	ELAYNE FOMOBILE BLVD ATER, FL 33762				
	named entity sub e of Florida.	omits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing Ti	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De LANPHIER, CHARI 4311 BLUEBONNE BATON ROUGE, L	.ES T BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VT () De FISHER, NANCY 4311 BLUEBONNE BATON ROUGE, L	T BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () De	elete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY FISHER CFO 01/28/2009