

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 26 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 688889

1. Entity Name
SUNDIAL HOMES, INC.



Principal Place of Business
C/O WYNNE, JOEL F.
8000 S US 1, #402
PORT ST. LUCIE, FL 34952

Mailing Address
C/O WYNNE, JOEL F.
8000 S US 1, #402
PORT ST. LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2049523

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WYNNE, JOEL F.
8000 S US 1, #402
PORT ST LUCIE, FL 34952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

400027902324
01/30/04--01003--016 **150.00

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

TITLE DP
NAME WYNNE, JOEL F.
STREET ADDRESS 8000 S US 1, #402
CITY-ST-ZIP PT ST LUCIE, FL

TITLE DT
NAME NEWMAN, HARVEY
STREET ADDRESS 8000 S US 1, #402
CITY-ST-ZIP PT ST LUCIE, FL

TITLE DV
NAME WYNNE, MATTHEW L.
STREET ADDRESS 8000 S. US 1, 402
CITY-ST-ZIP PT. ST. LUCIE, FL

TITLE DVS
NAME WYNNE, ERIC P
STREET ADDRESS 8000 S US 1, 402
CITY-ST-ZIP PT. ST. LUCIE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04 (772) 878-5513

Date

Daytime Phone #