


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000003549 1. Entity Name SUN GROUP CONSTRUCTION CONSULTANTS INCORPORATED	
---	---

Principal Place of Business 8081 S. MADISON STE 348 INDIANAPOLIS, IN 46227 US	Mailing Address PO BOX 1201 SAFETY HARBOR, FL 34695 US
--	--



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2134381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHWARTZ, SHARON WATANABE, BILL PO BX 1201 SAFETY HARBOR, FL 34695
--

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: <u>Sharon Schwartz</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable	DATE: <u>3/5/05</u>
---	---------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EATON, DELANO L P.O. BOX 1201 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD EATON, PHILLIP "DUKE" 2419 GULF TO BAY BLVD., #1413 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATANABE, BILL PO BX 1201 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIS, CHARLES 1401 56ND AVE N. ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SCHWARTZ, SHARON A 2419 GULF TO BAY# 1413 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000264532 03/16/05-80019-006 150.00 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 any other like empowered. SIGNATURE: <u>Sharon Schwartz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>3/5/05</u> Date	Daytime Phone #
--	-----------------------------	-----------------