

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90084 029 ***150.00

DOCUMENT # F03000003247

1. Entity Name
SUNS PRODUCTS, INC.



Principal Place of Business
**940 CHALMER DRIVE
MARCO ISLAND, FL 34145**

Mailing Address
**940 CHALMER DRIVE
MARCO ISLAND, FL 34145**

94039122



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004 Chg-P CR2E034 (10/03)

4. FEI Number

43-1157697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, ALBERT L
940 CHALMER DRIVE
MARCO ISLAND, FL 34145**

Name

Michael J. Roach

Street Address (P.O. Box Number is Not Acceptable)

871 Collier Court, 2A

Marco Island, FL 34145

City

FL

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME HANSON, MELANIE J
STREET ADDRESS 2037 ISLA VISTA LANE
CITY-ST-ZIP NAPLES, FL 34105

TITLE DVP ☐ Change ☒ Addition
NAME Michael J. Roach
STREET ADDRESS 871 Collier Court, 2A
CITY-ST-ZIP Marco Island, FL 34145

TITLE DVP ☒ Delete
NAME CLARK, A. LEVERN
STREET ADDRESS 9173 PINNACLE COURT
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME ROACH, MICHAEL J
STREET ADDRESS 871 COLLIER COURT, 2-A
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #