

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F04000002887

1. Entity Name  
SUNCO PROPERTIES, INC.



Principal Place of Business  
1712 WIND DRIFT RD  
ORLANDO, FL 32809

Mailing Address  
424 EAST CENTRAL BLVD  
ORLANDO, FL 32801

**FILED**  
06 JAN 30 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0791931

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CRAFT, ANGELA  
1712 WIND DRIFT ROAD  
ORLANDO, FL 32809

**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

*Angela Craft*

*Angela Craft*

*1/26/06*

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CRAFT, ANGELA  
1712 WIND DRIFT RD.  
ORLANDO, FL 32809

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP

100065196551  
02/06/06--01018--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Angela Craft*

*Angela Craft*

*1/26/06*

*(407) 462-1001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sp*