2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000000668

1. Entity Name
SUNSTAR BUILDING & REMODELING, INC.

Principal Place of Business	Mailing Address
2711 - 109TH AVE. N.W. COON RAPIDS, MN 55433	2711 - 109TH AVE. N.W. COON RAPIDS, MN 55433

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number
41-1617856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEAVER, DARRELL L
12200 VONN ROAD UNIT #1306
LARGO, FL 33774

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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, 2006 Fee will be $550.00

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

U000000476205
04/05/06-80047-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEAVER, TIMOTHY D
STREET ADDRESS	2711 - 109TH AVE. N.W.
CITY-ST-ZIP	COON RAPIDS, MN 55433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Timothy D. Weaver_ Timothy D. Weaver 3/17/06 612-840-8249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #