

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F06250

1. Entity Name
SUNBURST TRADING COMPANY, INC.



Principal Place of Business
491 A1A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32080

Mailing Address
491 A1A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32080



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2089565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POUNDS, MICHAEL
491 A1A BEACH BLVD.
ST. AUGUSTINE BEACH, FL 32080

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000925762
05/20/08-80041-002 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME POUNDS, MICHAEL
STREET ADDRESS 491 A1A BEACH BLVD.
CITY-ST-ZIP ST. AUGUSTINE BEACH, FL 32080

TITLE D
NAME POUNDS, PAMELA B
STREET ADDRESS 491 A1A BEACH BLVD.
CITY-ST-ZIP ST. AUGUSTINE BEACH, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone