•2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F16251

1. Entity Name
SUNBURST URETHANE SYSTEMS, INC.

Principal Place of Business	Mailing Address
1501 C 6TH AVE IMMOKALEE, FL 34142 US	1501 C 6TH AVE IMMOKALEE, FL 34142 US

DO NOT WRITE IN THIS SPACE

01182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2072184	Not Applicable

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

6. Name and Address of Current Registered Agent

MOODY, JIM HOWARD JR
780 TRAFFORD OAKS
IMMOKALEE, FL

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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	

10.   OFFICERS AND DIRECTORS

TITLE	DST
NAME	GONZALEZ, ANITA
STREET ADDRESS	7450 HUNTERS POINT
CITY-ST-ZIP	IMMOKALEE, FL 34142

TITLE	DP
NAME	MOODY, JIM HOWARD JR
STREET ADDRESS	780 TRAFFORD OAKS
CITY-ST-ZIP	IMMOKALEE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01/06-80012-015 150.00

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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: _Anita Gonzalez_   1/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #