

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F60423

1. Entity Name
SUN ELECTRONIC SYSTEMS, INC.



Principal Place of Business
**1845 SHEPARD DRIVE
TITUSVILLE, FL 32780 US**

Mailing Address
**1845 SHEPARD DRIVE
TITUSVILLE, FL 32780 US**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2170024

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PASQUA, VERONICA L.
2928 LONG LAKE DR
TITUSVILLE, FL 32780**

**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, 2007 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	TSD VERONICA, CLIFFORD 2928 LONG LAKE DR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLIFFORD, GARY 2928 LONG LAKE DR. TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWELL, DARRELL E. 122 MATTEK AVE. DEKALB, IL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFELICE, PAUL A. 145 B TERRACE CT SOMNAUK, IL
TITLE NAME STREET ADDRESS 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 *Veronica Pasqua*

DATE *2/23/07* DAYTIME Phone *321-383-9400*