

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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



01032008 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

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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 Veronica Clifford My married name is Clifford Veronica Clifford 1/13/08
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

U00000784293
01/16/08-80049-011 150.00

10. OFFICERS AND DIRECTORS

TITLE TSD
NAME VERONICA, CLIFFORD
STREET ADDRESS 2928 LONG LAKE DR
CITY-ST-ZIP TITUSVILLE, FL

TITLE PD
NAME CLIFFORD, GARY
STREET ADDRESS 2928 LONG LAKE DR
CITY-ST-ZIP TITUSVILLE, FL

TITLE D
NAME NEWELL, DARRELL E.
STREET ADDRESS 122 MATTEK AVE.
CITY-ST-ZIP DEKALB, IL

TITLE D
NAME DEFELICE, PAUL A.
STREET ADDRESS 145 B TERRACE CT
CITY-ST-ZIP SOMNAUK, IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Clifford Veronica Clifford 1/13/08 321-383-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #