

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90267 019 ***150.00

DOCUMENT # F95000002494

1. Entity Name
SUN FLORIDA QRS, INC.



Principal Place of Business
**27777 FRANKLIN RD.
SUITE 200
SOUTHFIELD, MI 48034**

Mailing Address
**27777 FRANKLIN RD.
SUITE 200
SOUTHFIELD, MI 48034**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3143986	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2005 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	PD SHIFFMAN, GARY A 27777 FRANKLIN RD. STE. 200 SOUTHFIELD, MI 48034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLMAN, JON M 27777 FRANKLIN RD. STE.200 SOUTHFIELD, MI 48034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS JORISSEN, JEFFREY P 27777 FRANKLIN RD. STE 200 SOUTHFIELD, MI 48034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JEFFREY P. JORISSEN

Date

4/14/05

Daytime Phone #

248-208-2500