


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 010 ***150.00

DOCUMENT # G06655			
1. Entity Name SUNBELT RESOURCE MANAGEMENT, INC.			
Principal Place of Business 5072 EDGEWATER DR. ORLANDO, FL 32810-8087		Mailing Address 5072 EDGEWATER DR. ORLANDO, FL 32810-8087	
2. Principal Place of Business 2290 LEE Rd		3. Mailing Address 2290 LEE Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK FL		City & State WINTER PARK, FL	
Zip 32789	Country ORLA GE	Zip 32789	Country ORLA GE
4. FEI Number 59-2225891		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITMER, SCOTT M. 1368 PLACE VENDOME WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name: SCOTT M. WHITMER Street Address (P.O. Box Number is Not Acceptable): 1288 WELLINGTON TERRACE MAITLAND City: MAITLAND FL Zip Code: 32751	
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: <u>Scott M. Whitmer</u> DATE: <u>4/18/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITMER, SCOTT M. 1368 PLACE VENDOME WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT M. WHITMER 1288 WELLINGTON TERRACE MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Scott M. Whitmer, President</u>		Date: <u>4/18/05</u> Daytime Phone #: <u>321-397-2050</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04182005 Chg-P CR2E034 (10/03)