2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Mar 02, 2007 8:00 am **Secretary of State** DOCUMENT # G68364 03-02-2007 90023 004 ***150.00 SUN QUEST HOMES, INC. Principal Place of Business Mailing Address 3155 S. ACCESS ROAD 3155 S. ACCESS ROAD SUITE A-C SUITE A-C ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2342258 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SODERQUIST, CHARLES E. 3195 S MCCALL ROAD Street Address (P.O. Box Number is Not Acceptable) **ENGLEWOOD FL 34224** 3155 S. Acress 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) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HH ☐ Delete mu SODERQUIST, CHARLES E. 3155 S. Access Rd, Suite AC Englewood, FL 34224 NAME NAME 3195 S MCCALL ROAD STREET ADDRESS STREET ADDRESS ENGLEWOOD FL CHY-ST-ZIP CUY-ST-ZIP 11111 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY - ST- ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAMI* МАМ STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJIY-ST-ZIP CITY - ST - ZIP ☐ Delete HILLE. ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P IIIIE THILE ☐ Delete ☐ Change Addition NAMI NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 air address, with all other like empowered.

FILED

Davime Phone #