

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G79196

1. Entity Name
SUN STATE EXPRESS, INC.



Principal Place of Business

**C/O COOK, LEONARD
3748 SESAME ST
NORTH PORT, FL 34287 US**

Mailing Address

**C/O COOK, LEONARD
P O BOX 7922
NORTH PORT, F 34287 US**

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2373289

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, LEONARD
3748 SESAME ST
NORTH PORT, FL 34287**

**DO NOT WRITE
IN THIS SPACE**

6. 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**

000000627916
02/15/07-80079-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COOK, LEONARD K.
STREET ADDRESS	3748 SESAME ST.
CITY-ST-ZIP	NORTHPORT, FL
TITLE	DST
NAME	COOK, DEBORAH
STREET ADDRESS	3748 SESAME ST
CITY-ST-ZIP	NORTHPORT, FL
TITLE	DV
NAME	COOK, LEONARD K
STREET ADDRESS	3748 SESAME ST
CITY-ST-ZIP	NORTH PORT, FL 34287

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard Cook (P.R.S.) **LEONARD COOK** 2/5/07 941-426-8611

Date

Daytime Phone #