2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G79196

1. Entity Name

SUN STATE EXPRESS, INC.



FILED Mar 28, 2008 08:00 A Secretary of State

Principal Place of Business

C/O COOK, LEONARD 3748 SESAME ST

NORTH PORT, FL 34287 L

Mailing Address

C/O COOK, LEONARD P O BOX 7922

NORTH PORT, F 34287 US



DO NOT WRITE IN THIS SPACE

03182008 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

8. The above the obligat	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	d office or r	egistered agent. or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered				Agent signature required when reinstating) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🗀	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE	DP				
NAME	COOK, LEONARD K.				
STREET ADDRESS	3748 SESAME ST.				
CITY-ST-ZIP	NORTHPORT, FL				
TITLE	DST				U00000872557
NAME	COOK, DEBORAH				04/10/08-80043-010 150.00
STREET ADDRESS	3748 SESAME ST				04) 10) 00 000 10 010 101111
CITY-ST-ZIP	NORTHPORT, FL				
TITLE	DV	**			
NAME	COOK, LEONARD K				
STREET ADDRESS	3748 SESAME ST			DO	NOTAMBITE
CITY-ST-ZIP	NORTH PORT, FL 34287			DO	NOT WRITE
TITLE				INI "	THIS SDACE
NAME				III	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					1
NAME					
STREET ADDRESS					, est

12. I hereby certify that the information supplied with this filling 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 cath; 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DNARD COOK 3/26/08 941-4