

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91210 002 ***150.00

DOCUMENT # H36997
 1. Entity Name
SUN LAND FINANCIAL CORPORATION II



Principal Place of Business Mailing Address
450 S. GULFVIEW, #1206 **450 S. GULFVIEW, #1206**
P.O. BOX 3277 **P.O. BOX 3277**
CLEARWATER BEACH, FL 33767 **CLEARWATER BEACH, FL 33767**



2. Principal Place of Business 3. Mailing Address
1406 GULF BLVD **1406 GULF BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
603 **603**
 City & State City & State
CLEARWATER, FLORIDA **CLEARWATER, FLORIDA**
 Zip Country Zip Country
33767 U.S.A. **33767 U.S.A.**

04292004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2476355 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code
FL

FLAVAN, JOHN M.
~~**450 S. GULFVIEW BLVD #1206**~~ **1406 GULF BLVD**
~~**#1108**~~ **UNIT 603**
~~**CLEARWATER BEACH, FL 33767**~~ **CLEARWATER FL 33767**

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 _____ DATE _____
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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAVAN, JOHN 450 S. GULFVIEW #1206 1406 GULF BLVD 603 CLEARWATER BEACH, FL CLEARWATER FL 33767	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HIGGS, NEAL P 2723 WOLF RIVER CT NAPERVILLE, IL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John M. Flavan **4/29/04** **727-517-3922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #