


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # H36997 1. Entity Name SUN LAND FINANCIAL CORPORATION II		
Principal Place of Business 1406 GULF BLVD., #603 CLEARWATER BEACH, FL 33767	Mailing Address 1406 GULF BLVD., #603 P.O. BOX 3277 CLEARWATER BEACH, FL 33767	



02042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2476355	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

FLAVAN, JOHN M.
1406 GULF BLVD., #603
CLEARWATER BEACH, FL 33767

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

000000422780
 02/17/06-80030-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLAVAN, JOHN
STREET ADDRESS	1406 GULF BLVD., #603
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	ST
NAME	HIGGS, NEAL P
STREET ADDRESS	2723 WOLF RIVER CT
CITY-ST-ZIP	NAPERVILLE, IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: John M. Flavan **JOHN M. FLAVAN** 1/30/06 (727)244-1315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #