2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # H37618

1. Entity Name
SUN STATE SUPPLY, INC.

FILED
09 FEB 18 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-09

Principal Place of Business	Mailing Address
145 LYMAN RD CASSELBERRY FL 32707	145 LYMAN RD CASSELBERRY FL 32707

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2497781 — Applied For / 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
SANCY K. ROBEY 1500 WINSTON RD MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Sancy K Robey 2/10/09
Signature, Typed or Printed Name of Registered Agent and Title, if Applicable — NOTE: Registered Agent signature required when changing — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	STD ROBEY, JAY D. 1500 WINSTON RD. MAITLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD ROBEY, SANCY K 1500 WINSTON RD MAITLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100141898061 01/23/09--01058--006 **165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100141898061 02/18/09--01001--022 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100141898061 01/23/09--01058--007 **585.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: S K Robey 4/30/08 260 0684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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