


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90060 017 ***150.00

DOCUMENT # H75898			
1. Entity Name SUN CENTRAL DEVELOPMENT AND CONSTRUCTION, INC.			
Principal Place of Business 0010 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 US		Mailing Address 0010 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836 US	
2. Principal Place of Business 8206 WHITE SWAN CT Suite, Apt. #, etc.		3. Mailing Address 8206 WHITE SWAN CT Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
03022004		Chg-P	
CR2E034 (10/03)		5. Certificate of Status Desired <input type="checkbox"/>	
4. FEI Number 59-2582136		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		7. Name and Address of New Registered Agent	
LOWERY, DEION R. 0010 SOUTHERN BREEZE DRIVE ORLANDO, FL 32836		Name Street Address (P.O. Box Number is Not Acceptable) 8206 WHITE SWAN CT City ORLANDO FL FL Zip Code 32836	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LOWERY, DEION R. <input type="checkbox"/> Delete 0010 SOUTHERN BREEZE DR ORLANDO, FL 32836	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOWERY DEION R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8206 WHITE SWAN CT. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCOSKEY, TIMOTHY <input type="checkbox"/> Delete 1725 SPRUCE AVE WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Deion R Lowery</u>		PRES DEION R LOWERY 3/10/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone (407) 341 2830	

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