


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-13-2005 90219 022 *****8.00
 06-03-2005 90001 010 ***142.00

DOCUMENT # H95711					
1. Entity Name SUNLAND GENERAL CONTRACTORS, INC.					
Principal Place of Business 104 WEST LEON LANE COCOA BEACH, FL 32931		Mailing Address 104 WEST LEON LANE COCOA BEACH, FL 32931			
2. Principal Place of Business		3. Mailing Address			
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2634265	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$2.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WISNISKI, FRANK A. 104 WEST LEON LANE COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISNISKI, FRANK A.		NAME		
STREET ADDRESS	104 W LEON LN		STREET ADDRESS		
CITY - ST - ZIP	COCOA BCH., FL		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISNISKI, CHARLOTTE M		NAME	FRANK G. WISNISKI JR.	
STREET ADDRESS	104 W. LEON LN		STREET ADDRESS	306 GALLET ST. SE	
CITY - ST - ZIP	COCA BEACH, FL		CITY - ST - ZIP	PALM BAY, FL 32909	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Frank Wisniski</i>			Date: 5/10/05 321784 1065		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF DESIGN OFFICER OR DIRECTOR</small>			<small>Date</small>		