

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90055 017 \*\*\*150.00

**DOCUMENT # H99281**

1. Entity Name

SUN SOUTH SYSTEMS, INC.



Principal Place of Business

1048 KATHLEEN AVE  
PO BOX 18723  
PENSACOLA FL 32523  
US

Mailing Address

1048 KATHLEEN AVE  
PO BOX 18723  
PENSACOLA FL 32523  
US

**50014435**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1048 Kathleen Ave

Suite, Apt. #, etc.  
PO Box 18724

City & State  
Pensacola, FL

Zip  
32523

Country  
US

3. Mailing Address

1048 Kathleen Ave

Suite, Apt. #, etc.  
P.O. Box 18724

City & State  
Pensacola FL

Zip  
32523

Country  
US

4. FEI Number

59-2693777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RHODES, E. J. III  
1048 KATHLEEN AVE  
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE PD ☐ Delete  
NAME RHODES, E. J. III  
STREET ADDRESS 1048 KATHLEEN AVE  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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: *EJ Rhodes III* EJ Rhodes III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 (850) 944-5100

Date

Daytime Phone #