## 2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Feb 23, 2007 08:00 A Secretary of State

DOCUMENT # J00618  1. Entity Name SUN ELECTRIC SERVICE, INC.						secreia	iry oi S
Principal Place 16461-A OLE FORT MYERS	D US 41	Mailing Address 16461-A OLD US 41 FORT MYERS, FL 33912		]   			II. IICH II ? II. (21)
D	O NOT WRITE		CE	02012007 4. FEI Numbe 59-264	No Chg-P	CR2E034 (11	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent  MATLAND, RUDOLPH K. 12995 CLEVELAND AVE 107 FT MYERS, FL 33907  B. 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 little of applicable. (NOTE Registere  FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Signature, typed or printed name of registered agent and little of applicable. (NOTE Registere  9. Election Campaign Finar  Trust Fund Contribution.				.00 May Be	U00000 03/02/07-	1645277 80077-024	150.00
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND DIF DPT BOURQUE, ROBERT J. 15720 WILDFLOWER DRIVE FT MYERS, FL VS BOURQUE, SANDRA 15720 WILDFLOWER DRIVE FT. MYERS, FL	ECTORS		<b>D</b>	NOT 181		
CITY-ST-ZIP				DO	NOT W	KIIE	

12. I hereby certify that the information supplied with this filling 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 cath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/12/07

IN THIS SPACE

239-267-7778

Daytime Phone #