


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # J06265 1. Entity Name SUN-MAR PROPERTIES, INC.	
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Principal Place of Business 1046 MIDDLESEX DR NEW PORT RICHEY, FL 34655	Mailing Address 1046 MIDDLESEX DR NEW PORT RICHEY, FL 34655
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2655105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORSETTI, STEVE
1046 MIDDLESEX DR
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORSETTI, ALBERT J JR 2107 HERITAGE CREST DR. VALRICO, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORSETTI, THOMAS J 515 OAK BRIDGE TRAIL ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, DEBORAH A 261 CLEVELAND ST LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CORSETTI, STEPHEN 1046 MIDDLESEX DRIVE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/07-80024-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:  **Pres**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07 **727-372-5919**
Date Daytime Phone #