

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90011 037 ***150.00

DOCUMENT # J06265
 1. Entity Name
SUN-MAR PROPERTIES, INC.



Principal Place of Business Mailing Address
1046 MIDDLESEX DR **1046 MIDDLESEX DR**
NEW PORT RICHEY, FL 34655 **NEW PORT RICHEY, FL 34655**

40000649

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country


 01052008 Chg-P CR2E034 (12/06)
 4. FEI Number
59-2655105 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
CORSETTI, STEVE
1046 MIDDLESEX DR
NEW PORT RICHEY, FL 34655

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

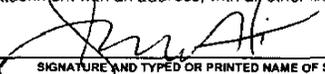
10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	CORSETTI, ALBERT J JR	
STREET ADDRESS	2107 HERITAGE CREST DR.	
CITY-ST-ZIP	VALRICO, FL 33584	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORSETTI, THOMAS J	
STREET ADDRESS	545 OAK BRIDGE TRAIL	
CITY-ST-ZIP	ALPHARETTA, GA 30022	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLARK, DEBORAH A	
STREET ADDRESS	261 CLEVELAND ST	
CITY-ST-ZIP	LARGO, FL 33770	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CORSETTI, STEPHEN	
STREET ADDRESS	1046 MIDDLESEX DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12485 JAMESFELD DR.	
CITY-ST-ZIP	30004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Steve Corsetti, Pres.** 1/5/08 727-372-5919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #