

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J10116**

1. Entity Name  
**SUNSTREAM, INC.**



Principal Place of Business  
**6620 ESTERO BLVD  
FT MYERS BCH., FL 33931**

Mailing Address  
**6620 ESTERO BLVD  
FT MYERS BCH., FL 33931**



03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1674018**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MONSRUD, MARY ANNE  
6620 ESTERO BLVD  
FT. MYERS BEACH, FL 33931**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000263487  
03/14/05-80096-008 300.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, PAUL W 1125 S FRONTAGE RD SUITE 4 HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VOGEL, JAMES D. 3936 TAMiami TRAIL N. STE. D NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SWANSON, ROBERT J 1125 S FRONTAGE RD SUITE 4 HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, RICHARD M 3936 TAMiami TRAIL N. STE. D NAPLES, FL 33940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT LAWRENCE, DAVID A. 1125 S FRONTAGE RD SUITE 4 HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FLUEGEL, DONALD 1303 S FRONTAGE RD #5 HASTINGS, MN 55033

**DO NOT WRITE  
IN THIS SPACE**

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 reports 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 line empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/05 239-765-4111**  
Date Daytime Phone #