

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J10116**

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



Principal Place of Business  
**C/O DENNIS POOL  
6620 ESTERO BLVD 4TH FL  
FT MYERS BCH., FL 33931**

Mailing Address  
**C/O DENNIS POOL  
6620 ESTERO BLVD 4TH FL  
FT MYERS BCH., FL 33931**



05142007 No Chg-P CR2E034 (11/05)

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**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**

U000000764301  
05/30/07-80056-010 150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID A. Lawrence** 5/14/07 239-765-4111

Date

Daytime Phone #