

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUNE 7 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J30037

1. Entity Name  
SUN BELT RESORTS, INC.



Principal Place of Business  
400 S. ATLANTIC AVENUE  
101  
ORMOND BEACH, FL 32176 US

Mailing Address  
400 S ATLANTIC AVENUE  
101  
ORMOND BEACH, FL 32176 US

66423164  
05/12/04 01013 006 \$5150.00



2. Principal Place of Business  
861 Baulough Road  
Suite, Apt. #, etc.

3. Mailing Address  
861 Baulough Road  
Suite, Apt. #, etc.

04112004 Chg-P CR2E034 (10/03)

City & State  
Daytona Beach FL

City & State  
Daytona Beach

4. FEI Number  
59-2896993  
Applied For  
Not Applicable

Zip  
32114-2211  
Country  
USA

Zip  
FL  
Country  
USA

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

6. Name and Address of Current Registered Agent

UPON, HUGH D.  
400 S. ATLANTIC AVENUE  
101  
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
861 Baulough Road  
City  
Daytona Beach FL Zip Code  
32114-2211

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 Hugh D. Upon 4-13-04  
Signature, must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
SWEENEY, MARGARET  
11 SOUTHERN PINE TRAIL  
ORMOND BEACH, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
UPON, HUGH D.  
400 S. ATLANTIC AVENUE, #101  
ORMOND BEACH, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800036079518  
05/12/04--01013--006 \*\*441.25

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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: Hugh D. Upon 5/17/04 316-255-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone