2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J79619

1. Entity Name
SONLIGHT CONSTRUCTION, INC.

FILED
04 OCT 15 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4875 ROBIN DRIVE ST. CLOUD, FL 34772	4875 ROBIN DRIVE ST. CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE

10012004 No Chg-P CR2E034 (10/03)

TR

4. FEI Number
59-2816388
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCO, JOHN P
4875 ROBIN DR.
SAINT CLOUD, FL 34772

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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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BLAND, JOHN P.
STREET ADDRESS	4875 ROBIN DRIVE
CITY-ST-ZIP	ST. CLOUD, FL
TITLE	DST
NAME	BLAND, BETTY SUE
STREET ADDRESS	4875 ROBIN DRIVE
CITY-ST-ZIP	ST. CLOUD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500041905215
10/15/04--01076--012 **558.75

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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 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: John P. Bland JOHN P. BLAND 10-9-04 407-760-0652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #