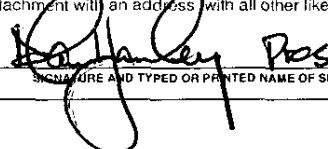


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90050 045 ***150.00

DOCUMENT # K66871 1. Entity Name SUNSTATE AWNING & GRAPHIC DESIGN, INC.					
Principal Place of Business 50 KEYES COURT SANFORD, FL 32773 US			Mailing Address 50 KEYES COURT SANFORD, FL 32773 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2939835	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HANLEY, ALAN M. 50 KEYES COURT SANFORD, FL 32773				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 _____ Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when constituting)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PETERSON, STEWART F.		NAME		
STREET ADDRESS	310 GOLFBROOK CIRCLE, #206		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL		CITY-ST-ZIP		
TITLE	PDC ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	NELEN, MARK A.		NAME		
STREET ADDRESS	453 MORNING GLORY		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HANLEY, ALAN M.		NAME		
STREET ADDRESS	1520 NOBLE STREET		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750,		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			1/6/2004 407-330-1044		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					