


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90104 039 \*\*\*150.00

<b>DOCUMENT # L17944</b>	
1. Entity Name <b>SUN EQUITIES REALTY, INCORPORATED</b>	

Principal Place of Business <b>255 SOUTH ORANGE AVENUE SUITE 1540 ORLANDO, FL 32801 US</b>	Mailing Address <b>1513 INDIAN DANCE CT MAITLAND, FL 32751 US</b>
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2. Principal Place of Business - No P.O. Box # <b>340 North Maitland Ave</b>	3. Mailing Address <b>340 North Maitland Ave</b>
Suite, Apt. #, etc. <b>Suite 110</b>	Suite, Apt. #, etc. <b>Suite 110</b>
City & State <b>Maitland FL</b>	City & State <b>Maitland FL</b>
Zip <b>32751</b>	Country <b>US</b>



01052007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2980346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WHIDDON, H. FLOYD JR. 1513 INDIAN DANCE COURT MAITLAND, FL 32751</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHIDDON, H. FLOYD JR. 255 S. ORANGE AVE., STE. 1540 ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>340 North Maitland Ave Ste 110 Maitland, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHIDDON, MARILYN 1513 INDIAN DANCE CT MAITLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *FLOYD WHIDDON* **FLOYD WHIDDON** 1-17-07 407-644-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #