2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 26, 2005 08:00 AM Secretary of State

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1. Entity Name

SUN AND GULF INVESTMENTS, INC.



Principal Place of Business

C/O SHELDON W. STARMAN, CPA 4099 TAMIAMI TR N STE 400 NAPLES, FL 34103 US

Mailing Address

C/O DAVID G. BUDD 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103 US



DO NOT WRITE IN THIS SPACE

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0234937

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARMAN, SHELDON W., CPA 4099 TAMIAMI TRAIL NORTH

DO NOT WRITE

NAPLES, FL 34103				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	f applicable. (NOTE Registered Age	rt sigrature	required when rainstating)	DATE				
	E NOW!!! FEE I\$ \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	· 🗆	\$5.00 May Be Added to Fees	U00000244685 02/26/05-80028-022 158.75				
10.	OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DPST STARMAN, SHELDON W. 4099 TAMIAMI TR N STE 400 NAPLES, FL 34103 V BUDD, DAVID G 3033 RIVIERA DR #201 NAPLES, FL 34103			DΩ	NOT WRITE				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE				

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:

TITLE NAME STREET ADDRESS

2/24/05

(239) 263-7700

Davime Phone *