

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90047 048 ***150.00

DOCUMENT # L72278

1. Entity Name

SUN NETWORK GROUP, INC.



Principal Place of Business

1440 CORAL RIDGE DRIVE
#140
CORAL SPRINGS FL 33071

Mailing Address

1440 CORAL RIDGE DRIVE
#140
CORAL SPRINGS FL 33071

44010000



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0254624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LINDLEY, GUY T
411 LIGHTHOUSE DRIVE
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

T. Joseph Coleman

Street Address (P.O. Box Number is Not Acceptable)

1440 CORAL RIDGE DR. #140

City

Coral Springs

FL

Zip Code

33071

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

T. Joseph Coleman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME WELLMAN, RICHARD
STREET ADDRESS 1440 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE P ☐ Delete
NAME COLEMAN, JOSEPH T
STREET ADDRESS 1440 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE T ☐ Delete
NAME COLEMAN, WILLIAM
STREET ADDRESS 1440 CORAL RIDGE DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

T. Joseph Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

954-360-4086

Daytime Phone #