2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2005 8:00 am Secretary of State DOCUMENT # M45476 1. Entity Name 02-15-2005 90026 031 ***150 00 SUNSTATE PROFESSIONAL ACCOUNTING, BOOKKEEPING & TAX SERVICE, INC. Principal Place of Business Mailing Address 227 LAFAYETTE BLVD 227 LAFAYETTE BEVD % JERRY WICKY, P.O. BOX 1191 OLDSMAR FL 34677 % JERRY WICKY, P.O. BOX 1191 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address 2882 SARAH 2882 90 JARAH DR Suite Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For CLEANWATER 59-2742291 P L CLEARWATER Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired UJA 33759 USA 33759 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WICKY, JERRY Street Address (P.O. Box Number is Not Acceptable) *231-LAEAYETTE BLVD. -- OLDSMAR-FL 34677 33759 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition WICKY, JERRY NAME NAME 2882 JARAH DRIVE STREET ADDRESS 291-LAFAYETTE-BLVD STREET ADDRESS CLEARWATER FL 33759 CITY-ST-ZIP OLDSMAR.EL CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY WICKY)

☐ Change

Addition

FILED