


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 017 ***550.00

DOCUMENT # M73573 1. Entity Name SUNLIT COVE CORPORATION	
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Principal Place of Business 523 ST TROPEZ CIR. SAINT PETERSBURG, FL 33703	Mailing Address 523 ST TROPEZ CIR. SAINT PETERSBURG, FL 33703
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CF2E034 (10/03)

4. FEI Number 59-2894368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARROLL, CHARLES J. 523 ST TROPEZ CIR. SAINT PETERSBURG, FL 33703	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST CARROLL, CHARLES J. 523 ST. TROPEZ CIRCLE ST PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARROLL, NANCY R. 523 ST. TROPEZ CIRCLE ST PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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:  **CHARLES J. CARROLL** **7/7/04** **727 521 4221**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #