


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90151 010 ****61.25

DOCUMENT # N03000009165	
1. Entity Name SUN STATE QUARTET, INC.	

Principal Place of Business 1158 MOTORCOACH DR POLK CITY, FL 33868	Mailing Address 1158 MOTORCOACH DR POLK CITY, FL 33868
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50024091



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03022005 Chg-NP CR2E037 (10/03)

4. FEI Number 05-0588511	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SMITH, JOETTA W 9927 JACARANDA AVE CLERMONT, FL 34711	
<i>address change →</i>	

7. Name and Address of New Registered Agent	
Name <i>Smith, Joetta W.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1158 Motorcoach Dr</i>	
City <i>Polk City</i>	FL Zip Code <i>33863</i>

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SMITH, IRA E 9927 JACARANDA AVE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP <i>Smith, Ira E.</i> <i>1158 Motorcoach Dr.</i> <i>POLK CITY, FL 33868</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, JOETTA W 9927 JACARANDA AVE CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <i>Smith, Joetta W.</i> <i>1158 Motorcoach Dr</i> <i>POLK CITY, FL 33868</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address)
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
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
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
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 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 617, 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: *Joetta W. Smith* *Joetta W. Smith* 3-7-05 863-984-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #