

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90322 004 ***150.00

DOCUMENT # P00000043015

1. Entity Name
SUNBURST TITLE AGENCY, INC.



Principal Place of Business
**3100 - 66TH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33710**

Mailing Address
**3100 - 66TH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33710**

2. Principal Place of Business

3100 - 49 Street North

Suite, Apt. #, etc.

3. Mailing Address

3100 - 49 Street North

Suite, Apt. #, etc.



04292004

Chg-P

CR2E034 (10/03)

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3642324

Applied For

Not Applicable

Zip
33710

Country
USA

Zip
33710

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**D
TRAWINSKI, BARBARA J
3100 - 66TH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name

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

3100 - 49 Street North

City

St. Petersburg

FL

Zip Code

33710

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Barbara J. Trawinski

4-29-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TRAWINSKI, BARBARA J**
STREET ADDRESS **3100 - 66TH STREET NORTH, SUITE B**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3100 - 49 Street North**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. Trawinski

Date

Daytime Phone #

4-29-04 727-347-5748