


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000045891 1. Entity Name SUN RIDGE, INC.		
Principal Place of Business 850 WALK-IN-WATER RD LAKE WALES, FL 33898 US		Mailing Address PO BOX 204 LAKE WALES, FL 33859-0204 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TURNQUIST, LEE W 1130 SO. LAKESHORE BLVD. LAKE WALES, FL 33853		
DO NOT WRITE IN THIS SPACE		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reissuing) DATE: <u>01/17/05</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TURNQUIST, LEE W 1130 SO. LAKESHORE BLVD. LAKE WALES, FL 338534312	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TURNQUIST, NANCY M 1130 S LAKESHORE BLVD LAKE WALES, FL 338534312	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>[Signature]</u> 1-17-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3649758	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/24/05-80006-007 150.00