


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000072416 1. Entity Name SULON, INC.		
Principal Place of Business 305 N.E. 1ST STREET GAINESVILLE, FL 32601		Mailing Address 305 N.E. 1ST STREET GAINESVILLE, FL 32601
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EDINGER, GARY S ESQ 305 N.E. 1ST STREET GAINESVILLE, FL 32601		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 SULLIVAN, JERRY 17035 S.E. CR 234 MICANOPY, FL 32667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOON, WILLIAM 17035 S.E. CR 234 MICANOPY, FL 32667	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/24/06</u> Daytime Phone # <u>352 384 3988</u>



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3663636

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000536135
05/08/06-80081-016 150.00

**DO NOT WRITE
IN THIS SPACE**