

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90040 039 ***150.00

DOCUMENT # P00000072513

1. Entity Name

SUN LIGHTING, INC.



Principal Place of Business

410 G GOVERNMENT ST
VALPARAISO FL 32580

Mailing Address

P O BOX 181
NICEVILLE FL 32588-0181

2. Principal Place of Business

23 Ruby Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2111

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Mary Esther, FL

Zip
32569

Country

USA

City & State

Fort Walton Beach, FL

Zip
32549

Country

USA

4. FEI Number

59-3671852

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTT, JACKIE C JR
410 G GOVERNMENT ST
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

Name Jackie C Mott Jr.

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

23 Ruby Circle

City Mary Esther

FL

Zip Code 32569

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOTT, JACKIE C	
STREET ADDRESS	P O BOX 181	
CITY-ST-ZIP	NICEVILLE FL 32588	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTT, JACKIE C JR	
STREET ADDRESS	410 G GOVERNMENT ST	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOTT, JACKIE C III	
STREET ADDRESS	P O BOX 181	
CITY-ST-ZIP	NICEVILLE FL 32588	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MOTT, JACKIE C SR	
STREET ADDRESS	P O BOX 215	
CITY-ST-ZIP	NICEVILLE FL 32588	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE C. MOTT JR.	
STREET ADDRESS	P.O. BOX 181	
CITY-ST-ZIP	Niceville, FL 32588	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKIE C MOTT III	
STREET ADDRESS	PO Box 2111	
CITY-ST-ZIP	Fort Walton Beach, FL 32549	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RACHEL R. MOTT	
STREET ADDRESS	23 Ruby Circle	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

Date

850-721-8605

Daytime Phone #