

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90212 038 \*\*\*150.00

**DOCUMENT # P00000090936**

1. Entity Name

J.P.SUNGAIL, INC.



Principal Place of Business

4917 PELICAN DRIVE  
NEW PORT RICHEY FL 34652

Mailing Address

4917 PELICAN DRIVE  
NEW PORT RICHEY FL 34652

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3674406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNGAIL, JOHN P  
4917 PELICAN DRIVE  
NEW PORT RICHEY FL 34652

Name

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

City

**FL**

Zip Code

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 substituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☐ Delete  
SUNGAIL, JOHN P  
STREET ADDRESS ~~2526 SB 580 E #901~~ (NEW ADDRESS)  
CITY ST ZIP CLEARWATER FL 33761

NAME ☐ Delete  
4917 PELICAN DR  
STREET ADDRESS NEW PORT RICHEY, FL 34652  
CITY ST ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #