

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000105367

1. Entity Name  
SUN CHASERS, INC.



Principal Place of Business  
14100 RIVER ROAD  
# B 126  
PENSACOLA, FL 32507

Mailing Address  
P O BOX 34706  
PENSACOLA, FL 32507



05022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3681631

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STEWART, D  
14100 RIVER ROAD #B126  
PENSACOLA, FL 32507

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME STEWART, DONALD  
STREET ADDRESS 14100 RIVER RD B126  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE VP  
NAME STEWART, ANITA  
STREET ADDRESS 14100 RIVER RD B126  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE PFLD  
NAME MYERS, K. G JR.  
STREET ADDRESS 14100 RIVER RD. B126  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000362472  
05/05/05-80119-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: VP- Anita STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/05

Date

850-497-0092

Daytime Phone #