


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000112813		
1. Entity Name SUN HOSPITALITY, INC.		
Principal Place of Business 504 N PLANT AVE PLANT CITY, FL 33566	Mailing Address 504 N PLANT AVE PLANT CITY, FL 33566	
DO NOT WRITE IN THIS SPACE		



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2586582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PATEL, JAYESH R 504 N PLANT AVE PLANT CITY, FL 33566	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U000000010845 01/23/04-80014-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, JAYESH R 504 N PLANT AVE PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, SANDIP R 504 N PLANT AVE PLANT CITY, FL 33566	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(c), 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 #