

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90022 007 ***150.00

DOCUMENT # P00000115323

1. Entity Name
SUN SOUTH CENTER, INC.



Principal Place of Business
8203 THOMAS DR.
PANAMA CITY BEACH, FL 32408

Mailing Address
8203 THOMAS DR.
PANAMA CITY BEACH, FL 32408

DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3686962

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLAN, SHER L ESQ
731 OAK AVENUE
PANAMA CITY BEACH, FL 32401

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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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ELGEE, CHRISTOPHER
STREET ADDRESS 8203 THOMAS DR.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE ST
NAME ELGEE, MARY
STREET ADDRESS 8203 THOMAS DR.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE V
NAME ELGEE, FARRIS
STREET ADDRESS 8203 THOMAS DR.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #