

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90352 018 \*\*\*150.00

DOCUMENT # P01000011092

1. Entity Name

SUN COUNTRY IMPORTS INC



Principal Place of Business

37 NE 16TH ST  
OCALA FL 34476

Mailing Address

13955 SW 42 AVE  
OCALA FL 34473

00040833



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

35 NE 16<sup>th</sup> Street  
Suite, Apt. #, etc.

3. Mailing Address

70 LAKE WOOD Circle  
Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3713066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCABE, KENNETH W.  
13955 SW 42 AVE  
OCALA FL 34473

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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  
NAME MCCABE, KENNETH W.  
STREET ADDRESS 8290 SW 135 LOOP  
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE V  
NAME MCCABE, KATHY  
STREET ADDRESS 8290 SW 135 LOOP  
CITY-ST-ZIP Ocala FL 34473 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MCCABE, KENNETH  
STREET ADDRESS 70 LAKE WOOD Circle  
CITY-ST-ZIP Ocala FL 34482 ☒ Change ☐ Addition

TITLE  
NAME MCCABE, KATHY  
STREET ADDRESS 70 LAKE WOOD Circle  
CITY-ST-ZIP Ocala, FL 34482 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

K MCCABE / KENNETH MCCABE

4/13/05

352-840-2048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #