


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90207 012 ***550.00

DOCUMENT # P01000050513	
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1. Entity Name
SUNSOUTH ONE CORP.

Principal Place of Business
4741 BAY BOULEVARD
PORT RICHEY, FL 34668

Mailing Address
4741 BAY BOULEVARD
PORT RICHEY, FL 34668



2. Principal Place of Business
8809 OLD POST RD
Suite, Apt. #, etc.

3. Mailing Address
8809 OLD POST RD
Suite, Apt. #, etc.

09012004 Chg-P CR2E034 (10/03)

City & State
PORT RICHEY FL
Zip
34668 Country
PASCO FL

City & State
PORT RICHEY, FL
Zip
34668 Country
PASCO FL

4. FEI Number
59-3430922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARKHAM, JAMES D
212 SUN VISTA COIRT NORTH
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent
Name
JAMES D. MARKHAM
Street Address (P.O. Box Number is Not Acceptable)
544 SANDY HOOK RD
City
TREASURE ISLAND FL Zip Code
33706

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILES, RICHARD E 18718 WIMBLEDON CIRCLE LUTZ, FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, JAMES D 212 SUN VISTA COURT NORTH TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILES, RICHARD E 4303 ORAU RIVAGE LUTZ, FL 33558 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, JAMES D 544 SANDY HOOK RD TREASURE IS. FL 33706 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JAMES D. MARKHAM** **9-3-04 (617-992-2025)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #