2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000091420

1. Entity Name
SUNGLO DESIGNS, INC.

Principal Place of Business	Mailing Address
997 BOXFORD LANE ROCKLEDGE, FL 32955	997 BOXFORD LANE ROCKLEDGE, FL 32955

DO NOT WRITE IN THIS SPACE

04162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3745749	Not Applicable

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

6. Name and Address of Current Registered Agent

STADLER, JERRY L
997 BOXFORD LANE
ROCKLEDGE, FL 32955

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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, 2007 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	STRADLER, JERRY L
STREET ADDRESS	997 BOXFORD LN
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	S
NAME	PERSINGER, MARGARET
STREET ADDRESS	997 BOXFORD LN
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000721286
05/01/07-80140-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   4/18/07   321 636-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #