

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

112

**DOCUMENT # P01000096366**

1. Entity Name

**SONRAN CORPORATION**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL -2 AM 10:41

Principal Place of Business

**18644 OCEAN MIST DR  
BOCA RATON FL 33498**

Mailing Address

**18644 OCEAN MIST DR  
BOCA RATON FL 33498**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**43-1957229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRABONJA, GEORGE Z  
18644 OCEAN MIST DR  
BOCA RATON FL 33498**

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **SKRABONJA, GEORGE**  
CITY - ST - ZIP **18644 OCEAN MIST DR  
BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
NAME **800038847418**  
STREET ADDRESS **07/07/04--01072--020**  
CITY - ST - ZIP **\*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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)(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 #

6/18/04

Florida Department of State  
Division of Corporation  
Annual Report Section  
P. O. Box 6327  
Tallahassee, FL 32314  
attn: Mr Andy Dunlap  
Supervisor

2/2

6/18/04

Mr Andy Dunlap

My Mother died and I have been out of state taking care of family business, and I didn't know I had this form.

Sonram Corp. has been dormant this year, no business.

I'm just filing my taxes now for last year, and the additional fee for filing late would be a tremendous hardship for me.

I would appreciate if you would waive the additional late fee, this one time.

Thank you in advance for your help.

enc: State Form  
with Check for \$150

George J. Sheabonja  
Sonram Corp  
18644 Ocean Mist Dr.  
Boca Raton FL 33498  
phone 561-470-3441  
cell 561-703-7373