## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 13, 2004 8:00 am Secretary of State

DOCUMENT # P01000109319  1. Entity Name SUNNY FLORIDA TRANSPORT, INC.						09-13-2004 9	90001 022	***150	.00	
Principal Place		Mailing Address 625 WEST BRIDGERS AVE						<del></del>	• •	
AUBURNDALE, FL 33823  AUBURNDALE, FL 33823							725			
2. Principal Place of Business 13933 SW Hub Tecc 13933 SW Hu			Ter							
13933 5W 46" Terr 1		13933 SW 40 Terr Suite, Apt. #, etc.		<u> </u>	09022004	Chg-P	CR2E034			
City & State	9	City & State			4. FEI Numbe				plied For	
1 Dian	ni Florida Country	Zip Cou	irida		31-1809			No. 8.75 Add	t Applicable itional	
3317	6. Name and Address of Current F	<u> 331'15 L</u>	15 A			of Status Desired  Address of New Re		e Required		
PEREZ SI	HANNON R		Name							
PEREZ, SHANNON R 4632 ADAMS AVE LAKE WALES, FĽ 33859			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Code		
	named entity submits this statement for lons of registered agent.	the purpose of changing its registe	ered office or	register	ed agent, or both	h, in the State of Flo	rida. I am far	niliar with,	and accept	
SIGNATURE_										
	Signature, typed or printed name of registered agent a		ered Agent signati	we required	when reinstating)	<del></del>	DATE	···		
FIL	LE NOW!!! FEE IS \$150.00									
Di	ue by September 8, 2004	Election Campaign Fin     Trust Fund Contribution		\$5. Add	00 May Be ed to Fees	In accordance vi corporation did	vith s. 607,1 not receive	93(2)(b), l the prior r	F.S., the notice.	
10.	ue by September 8, 2004  OFFICERS AND D	Trust Fund Contribution	n. 🔲	Add	ADC/ITIONS	CHANGES TO OFF	ICERS AND E	DIRECTORS	S IN 11	
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10.	ue by September 8, 2004  OFFICERS AND D	Trust Fund Contribution  DIRECTORS  Delete  TI  No.	n	1393 Sho	ADDITIONS	CHANGES TO OFFI Perce	ICERS AND E	DIRECTORS	S IN 11	
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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 attackment with an address, with all other like empowered.

CICNATURE, STOR MON B PORCE

09-02-2004/305-554-5120