2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Mar 12, 2004 8:00 am **DOCUMENT # P02000005611 Secretary of State** 1. Entity Name 03-12-2004 90045 005 \*\*\*150.00 SUNDANCE BUILDING COMPANY Principal Place of Business Mailing Address 8807 MISTY CREEK DRIVE 8807 MISTY CREEK DRIVE UTURUUUUU SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address 7809 SADDLE CREEK TR 7809 SADDLE CREEK TR Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 01-0587137 SARASOTA FL ARASOTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCANSAROLE, JOHN T Street Address (P.O. Box Number is Not Acceptable) 8807 MISTY CREEK DRIVE SARASOTA FL 34241 7809 SADDLE CREEK TRAIL SARASOTA 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 Kansardle JOHN T. SCANSAROLE SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DRESIDENT TITLE DP ☐ Delete TITLE Change ☐ Addition SCANSAROLE JOHN T 7809 SADDLE CREEK TRAIL SCRANSAROLE, JOHN T NAME NAME STREET ADDRESS 8807 MISTY CREEK DRIVE STREET ADDRESS SARASOTA FL 34241 CITY-ST-7P CITY-ST-ZIP SARASOTA TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

ACAMSAROLE 3/7/04 94/ 350 5370
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR