
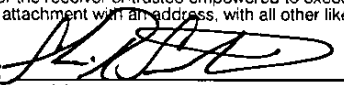


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90054 006 \*\*\*150.00

<b>DOCUMENT # P02000059188</b> 1. Entity Name <b>SUNSTATE DESIGNS, INC.</b>					
Principal Place of Business <b>12101 31ST COURT N ST. PETERSBURG, FL 33716</b>			Mailing Address <b>12101 31ST COURT N ST. PETERSBURG, FL 33716</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>61-1414029</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FEE, RICHARD E BANK OF AMERICA PLAZA, SUITE 1030 101 E. KENNEDY BLVD. TAMPA, FL 33602-5146</b>				7. Name and Address of New Registered Agent Name <b>Fee, Richard E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Bank of America Plaza, Suite 3000 101 E. Kennedy Boulevard City Tampa FL Zip Code 33602-5884</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SCHOEPPNER, MIKE <input checked="" type="checkbox"/> Delete 12101 31ST COURT N ST. PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chris Larkin 12101 31st Court North St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENER, SHERI R <input type="checkbox"/> Delete 12101 31ST COURT N SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Senter, Sheri R. 12101 31st Court North St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			<b>Sheri R. Senter</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/4/05</b> Daytime Phone #		