

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 028 ***150.00

DOCUMENT # P02000063452

*1. Entity Name

FLORIDA SUN PROPERTIES, INC.



Principal Place of Business

4055 TAMIAMI TRAIL
SUITE 1
PORT CHARLOTTE FL 33952

Mailing Address

PO BOX 19311
SARASOTA FL 34276

2. Principal Place of Business

4055 Tamiami Trail

Suite, Apt. #, etc.

1

3. Mailing Address

4055 Tamiami Trail

Suite, Apt. #, etc.

1

City & State

Port Charlotte, FL

Zip

33952

Country

City & State

Port Charlotte, FL

Zip

33952

Country

4. FEI Number

51-0430342

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHADBOURNE, SANDRA J
4055 TAMIAMI TRAIL
SUITE 1
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Kenneth J. Chadbourne

Street Address (P.O. Box Number is Not Acceptable)

4055 Tamiami Trail - Suite 1

City

Port Charlotte

FL

Zip Code

33983

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-04

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

TITLE P ☒ Delete
NAME BEDOR, JAMES
STREET ADDRESS 4055 TAMIAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE V ☐ Delete
NAME GUNTER, TONY H
STREET ADDRESS 4055 TAMIAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE S ☐ Delete
NAME CHADBOURNE, SANDRA J
STREET ADDRESS 4055 TAMIAMI TRAIL
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Kenneth Chadbourne
STREET ADDRESS 4055 Tamiami Trail - Suite 1
CITY-ST-ZIP Port Charlotte, FL 33952

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

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

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

941-255-1100

Daytime Phone #