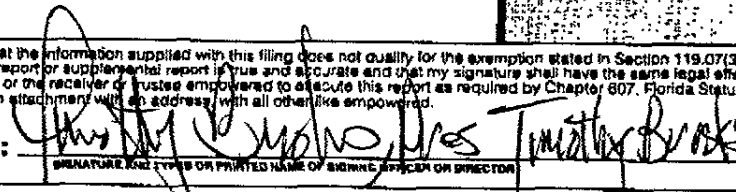


FILED

Apr 26, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000080496		
1. Entity Name SUNRAY MARINE OF COLLIER, INC.		
Principal Place of Business 9571 CYPRESS LAKE DRIVE FORT MYERS, FL 33919		Mailing Address 9571 CYPRESS LAKE DRIVE FORT MYERS, FL 33919
DO NOT WRITE IN THIS SPACE		
		 04142004 No Chg-P CR2E034 (10/03)
4. FEI Number 47-0886041		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BROOKS, TIMOTHY 9770 CYPRESS LAKE DRIVE FORT MYERS, FL 33919		DO NOT WRITE IN THIS SPACE
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 state if applicable. (NOTE: Registered Agent signature required when requesting) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, TIMOTHY 997 CYPRESS LAKE DRIVE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, MICHAEL 17364 HOMEWOOD ROAD FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  Timothy Brooks 4/17/04 SIGNATURE AND TYPE OR PRINTED NAME OF SHOWS, OFFICER OR DIRECTOR Date Daytime Phone #		