


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000086051	
1. Entity Name SUNSTATE SERVICES PLUS, INC.	

Principal Place of Business 2600 FAIR OAKS DRIVE DELTONA FL 32738 US	Mailing Address 2600 FAIR OAKS DRIVE DELTONA FL 32738 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2370562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOWELL, JAMES S SR. 2600 FAIR OAKS DRIVE DELTONA FL 32738	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number Is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when translating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P HOWELL, JAMES S SR. 2600 FAIR OAKS DRIVE DELTONA FL 32738	
VP HOWELL, JAMES S JR. 2600 FAIR OAKS DR LONGWOOD FL 3273	
SEC HOWELL, JUDITH L 2600 FAIR OAKS DRIVE DELTONA FL 32738	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
U00000368733 05/31/05-80014-007 150.00	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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: *James Howell* **JAMES. HOWELL** 3-15-05 386-789-0681