

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90216 016 ***150.00

DOCUMENT # P02000100420

1. Entity Name

SUNAN, INC.



Principal Place of Business

6
ST. CLOUD FL 34772

Mailing Address

2475 HICKORY TREE ROAD
ST. CLOUD FL 34772

14007603



1st MOORE

CR2E034 (10/04)

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

56-2303144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, WILLIAM J
2475 HICKORY TREE ROAD
ST. CLOUD FL 34772

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME NEWMAN, WILLIAM J
STREET ADDRESS 2475 HICKORY TREE ROAD
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE D ☐ Delete
NAME RIFFE, NANCY
STREET ADDRESS 27 COLUMBIA AVE
CITY-ST-ZIP SAINT CLOUD FL 34769

TITLE D ☐ Delete
NAME ALASHIRE, SUSAN
STREET ADDRESS 4231 ALBRITON RD
CITY-ST-ZIP SAINT CLOUD FL 34773

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

TITLE ☒ Change ☐ Addition
NAME Riffe, Nancy
STREET ADDRESS 3090 Hickory Tree Rd
CITY-ST-ZIP St. Cloud, FL 34772

TITLE ☒ Change ☐ Addition
NAME Abshire, Susan
STREET ADDRESS 4231 Albriton Rd.
CITY-ST-ZIP Saint Cloud, FL 34773

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Nancy Riffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

407-892-2800

Daytime Phone #