

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100420

Entity Name: SUNAN, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

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ST. CLOUD, FL 34772

New Principal Place of Business:

2475 OLD HICKORY TREE RD.
ST. CLOUD, FL 34772

Current Mailing Address:

2475 OLD HICKORY TREE RD
ST. CLOUD, FL 34772

New Mailing Address:

P.O. 700685
ST. CLOUD, FL 34770

FEI Number: 56-2303144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: WILLIAM J NEWMAN, JR.

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWMAN, WILLIAM J
Address: 2475 OLD HICKORY TREE ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: RIFFE, NANCY
Address: 3090 HICKORY TREE RD
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: ABSHIRE, SUSAN
Address: 4231 ALBRITON RD
City-St-Zip: SAINT CLOUD, FL 34773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWMAN, WILLIAM J JR.
Address: 2475 OLD HICKORY TREE ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY NEWMAN RIFFE

D

04/24/2009

Electronic Signature of Signing Officer or Director

Date