

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000100420

Entity Name: SUNAN, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. 700685  
ST. CLOUD, FL 34770

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY NEWMAN RIFFE

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date