

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000111689

1. Entity Name
SUN GROUP HOLDINGS, INC.



Principal Place of Business
**1204 60TH AVENUE W
BRADENTON, FL 34207-4160**

Mailing Address
**1204 60TH AVENUE W
BRADENTON, FL 34207-4160**

DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
54-2095671

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUNQUIST, HARLAN R JR.
1204 60TH AVENUE W
BRADENTON, FL 34207-4160**

**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 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUNQUIST, HARLAN JR
STREET ADDRESS	2641 TIFTON ST S.
CITY-ST-ZIP	GULFPORT, FL 33711
TITLE	VP
NAME	SUNQUIST, HARLAN SR
STREET ADDRESS	985 SHILO ROAD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	ST
NAME	SUNQUIST, PATRICIA A
STREET ADDRESS	985 SHILO RD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/05-80043-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Patricia A Sunquist*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A SUNQUIST, SEC/TREAS.

Date

Daytime Phone #

2-8-05 941-751-0179