

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000111689



1. Entity Name  
SUN GROUP HOLDINGS, INC.

Principal Place of Business  
536 INTERSTATE CT.  
SARASOTA, FL 34240

Mailing Address  
536 INTERSTATE CT.  
SARASOTA, FL 34240

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. Name and Address of Current Registered Agent**

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

Name

Harlan R. Sunquist, Jr.

Street Address (P.O. Box Number is Not Acceptable)

536 Interstate Court

City

Sarasota

FL

Zip Code  
34240-9493

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)

1/05/2007

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  Delete  
NAME SUNQUIST, HARLAN JR  
STREET ADDRESS 2641 TIFTON ST S.  
CITY-ST-ZIP GULFPORT, FL 33711

TITLE VP  Delete  
NAME SUMQUIST, HARLAN SR  
STREET ADDRESS 985 SHILO ROAD  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE ST  Delete  
NAME SUNQUIST, PATRICIA A  
STREET ADDRESS 985 SHILO RD  
CITY-ST-ZIP SARASOTA, FL 34240

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Type or Print Name of Signing Officer or Director

Patricia Sunquist

1/05/07

Date

941-342-6708

Daytime Phone #

**FILED  
Jan 10, 2007 8:00 am  
Secretary of State**

01-10-2007 90050 039 \*\*\*150.00

4000010000



01052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**54-2095671**  Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

Name  
Harlan R. Sunquist, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
536 Interstate Court  
City Sarasota Zip Code  
FL 34240-9493