05/11/2004 13:34 813-925-3725 RICKARD & HA
May 10 04 01:39p SSMRC

FILED
May 17, 2004 8:00 am
Secretary of State
04-28-2004 90249 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/2

DOCUMENT # P02000113369

1. Entity Name
SUN SPINE TRANSPORT, INC.

Principal Place of Business
24945 US HWY 19 NORTH STE A
CLEARWATER FL 33763

Mailing Address
24945 US HWY 19 NORTH STE A
CLEARWATER FL 33763

66421981

MOORE CR2E034 (11/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 54-2080065 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WOLSTEIN, KAREN
24945 US HWY 19 NORTH STE A
CLEARWATER FL 33763

7. Name and Address of New Registered Agent
Name RICKARD, DENISE A.
Street Address (P.O. Box Number is Not Acceptable) 3950 TAMPA ROAD, SUITE 202
OLDSMAR TOWN CENTER
City OLDSMAR FL Zip Code 34677

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 Denise A Rickard 5/1/04
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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOLSTEIN, KAREN		NAME		
STREET ADDRESS	24945 US HWY 19 NORTH STE A		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOLSTEIN, BRIAN G		NAME		
STREET ADDRESS	24945 US HWY 19 NORTH STE A		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33763		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #