


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**5 Jun 30, 2008 8:00 am
Secretary of State**

05-29-2008 90192 037 ***138.75
06-30-2008 90022 019 *****11.25

DOCUMENT # P02000113369 1. Entity Name SUN SPINE TRANSPORT, INC.	
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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
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DO NOT WRITE IN THIS SPACE

401000000



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2080065	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLSTEIN, KAREN J 24945 US HWY 19 N CLEARWATER, FL 33763

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLSTEIN, KAREN 24945 US HWY 19 NORTH STE A CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLSTEIN, BRIAN G 24945 US HWY 19 NORTH STE A CLEARWATER, FL 33763
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**DO NOT WRITE
IN THIS SPACE**

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 a change of address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #