

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000115259	
1. Entity Name SUNCO ERECTORS, INC.	

Principal Place of Business 6197 BURNSD LANE MACLENNY, FL 32063	Mailing Address 911 DULUTH HWY. SUITE D-3212 LAWRENCEVILLE, GA 30043
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1028162	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARVEY, FRANKLIN D 6197 BURNSD LANE MACLENNY, FL 32063	DO NOT WRITE IN THIS SPACE
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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 renewing) **DATE** _____

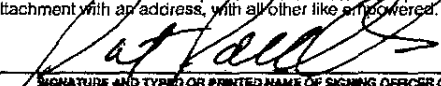
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME HARVEY, FRANK
STREET ADDRESS 6197 BURNSD LANE	CITY-ST-ZIP MACLENNY, FL 32063
TITLE ST	NAME PAUL, PAT
STREET ADDRESS 1384 GLENFIELD DR.	CITY-ST-ZIP LAWRENCEVILLE, GA 30043
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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03/07/05-80027-007 158.75

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