



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90027 030 \*\*\*150.00

<b>DOCUMENT # P03000016664</b> 1. Entity Name <b>SUN PURSUIT, INC.</b>					
Principal Place of Business <b>180 95TH AVENUE TREASURE ISLAND, FL 33706</b>			Mailing Address <b>P.O. BOX 9500 TREASURE ISLAND, FL 33740</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0673705</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAUGHTRY, WILLIAM M 180 95TH AVENUE TREASURE ISLAND, FL 33740</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD DAUGHTRY, WILLIAM M P.O. BOX 9500 TREASURE ISLAND, FL 33740	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTD DAUGHTRY, MARY C P.O. BOX 9500 TREASURE ISLAND, FL 33740	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP					
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TITLE NAME STREET ADDRESS CITY-STATE-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.					
<b>SIGNATURE:</b> <u>W. Michael Daughtry, President</u> 1-21-04 (727) 804-0100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					