

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P03000039982

1. Entity Name

SUNBEAM CARRIERS INC.



09-09-2004 90063 001 \*\*\*150.00

09-09-2004 90063 002 \*\*\*\*\*8.75

Principal Place of Business

14728 96TH WAY NORTH  
WEST PALM BEACH FL 33412

Mailing Address

14728 96TH WAY NORTH  
WEST PALM BEACH FL 33412

00400000

2. Principal Place of Business

51 SPINNING WHEEL LANE  
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 590985  
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

TAMARAC

City & State

TAMARAC, FLORIDA

4. FEI Number

820584688

Applied For

Not Applicable

Zip

FL 33319

Country

BROWARD

Zip

33359

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLEN, IVANHOE  
51 SPINNING WHEEL LANE  
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name

N/A

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

51 SPINNING WHEEL LANE

City

TAMARAC

FL

Zip Code

33319

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)

DATE

08.18.04

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALLEN, IVANHOE	
STREET ADDRESS	POST OFFICE BOX 590985	
CITY-ST-ZIP	TAMARAC FL 33359	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALLEN, MARCIA	
STREET ADDRESS	POST OFFICE BOX 590985	
CITY-ST-ZIP	TAMARAC FL 33359	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.18.04

Date

954 691 5193

Daytime Phone #