

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 031 ***158.75

| | | | |
|---|---|---|--|
| DOCUMENT # P03000079026 1. Entity Name SINNSATIONAL, INC. | | | |
| Principal Place of Business 184 5TH STREET S. LAKE MARY, FL 32746 | | Mailing Address 184 5TH STREET S. LAKE MARY, FL 32746 | |
| 2. Principal Place of Business 192 COUNTRY CLUB ROAD | | 3. Mailing Address 192 COUNTRY CLUB ROAD | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State LAKE MARY, FLORIDA | | City & State LAKE MARY, FLORIDA | |
| Zip 32746 | | Zip 32746 | |
| Country U.S. | | Country U.S. | |
| 4. FEI Number 57-1178078 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired XX | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CARTER, TRACY 184 5TH STREET S. LAKE MARY, FL 32746 | | 7. Name and Address of New Registered Agent Name SINNS, ERIC D. Street Address (P.O. Box Number is Not Acceptable) 189 FIFTH STREET SOUTH City LAKE MARY | |
| State FL | | Zip Code 32746 | |
| 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: ERIC D. SINNS, VICE PRESIDENT 7/20/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PS | NAME CARTER, TRACY | TITLE PRESIDENT/SECRETARY | NAME SINNS, TRACY |
| STREET ADDRESS 184 5TH STREET S. | CITY-ST-ZIP LAKE MARY, FL 32746 | STREET ADDRESS 189 FIFTH STREET SOUTH | CITY-ST-ZIP LAKE MARY, FL. 32746 |
| TITLE VT | NAME SINNS, ERIC D | TITLE VICE PRESIDENT/TREASURER | NAME SINNS, ERIC D. |
| STREET ADDRESS 184 5TH STREET S. | CITY-ST-ZIP LAKE MARY, FL 32746 | STREET ADDRESS 189 FIFTH STREET SOUTH | CITY-ST-ZIP LAKE MARY, FL. 32746 |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | CITY-ST-ZIP |
| TITLE | NAME | TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP | 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: | | ERIC D. SINNS/VICE PRES. 7/20/04 407-696-6042 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |