

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90017 018 ***150.00

DOCUMENT # P03000098252

1. Entity Name
SUN FOX HOME IMPROVEMENT, INC.



Principal Place of Business
**1298 BAKERSFIELD AVENUE
DELTONA, AL 32725**

Mailing Address
**P.O. BOX 530603
DEBARY, FL 32753**

94018678



2. Principal Place of Business
120 RAILROAD AVE

3. Mailing Address
P.O. BOX 530603

02062004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OSTEEN, FL

City & State
DEBARY, FL

4. FEI Number
06-1706668

Applied For
Not Applicable

Zip
32764

Country
VOLUSIA

Zip
32753

Country
VOLUSIA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SYLVIA PRESSLEY, CPA.
250 COUNTY ROAD 427 SOUTH
SUITE 100
LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name
JEFFREY L. COCKERHAM
Street Address (P.O. Box Number is Not Acceptable)
**120 RAILROAD AVE
OSTEEN, FL 32764**
City
FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**P
COCKERHAM, JEFFREY L
1298 BAKERSFIELD AVENUE
DELTONA, FL 32725** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**120 RAILROAD AVE
OSTEEN, FL 32764** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Jeffrey Cockerham

JEFFREY COCKERHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #