

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

03-28-2007 90016 016 ***158.75

DOCUMENT # P03000098252			
1. Entity Name SUN FOX HOME IMPROVEMENT, INC.			
Principal Place of Business 3843 STONEMONT DR. COCOA FL 32923 <i>NEW</i> 61 Anchor Dr. Indian Harbor Beach FL 32937		Mailing Address P.O. BOX 237563 COCOA FL 32923 <i>NEW</i> 61 Anchor Dr. Indian Harbor Beach 32937	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1706668		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COCKERHAM, JEFFREY L. 3843 STONEMONT DR. COCOA FL 32923 <i>New</i> 61 Anchor Dr. Indian Harbor Beach FL 32937		7. Name and Address of New Registered Agent Name COCKERHAM JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 61 Anchor Dr City Indian Harbor Beach FL Zip Code 32937	
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 <i>Jeffrey L. Cockerham</i>		DATE 3-16-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COCKERHAM, JEFFREY L 3843 STONEMONT DR. COCOA FL 32923 <i>President</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>New Address</i> 61 Anchor Dr. Indian Harbor Beach FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICER ARHOLYN FISCHLER 61 Anchor Dr. Indian Harbor Beach FL 32937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>New OFFICER</i> Head Secretary
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or other like empowered.			
SIGNATURE: <i>Jeffrey L. Cockerham</i>		DATE 4-11-07	

JEFFREY L. COCKERHAM

401-920-7725