

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90020 010 \*\*\*150.00

**DOCUMENT # P03000102435**

1. Entity Name  
**SUN ACCENTS, INC.**



Principal Place of Business  
**11924 FOREST HILL BOULEVARD  
SUITE 22-242  
WELLINGTON, FL 33414**

Mailing Address  
**11924 FOREST HILL BOULEVARD  
SUITE 22-242  
WELLINGTON, FL 33414**

94045241



2. Principal Place of Business

**410 Business Park Way  
Suite, Apt. #, etc.  
STE 127  
City & State  
Royal Palm Beach, FL**

3. Mailing Address

**410 Business Park Way  
Suite, Apt. #, etc.  
STE 127  
City & State  
Royal Palm Beach, FL**

01022004

Chg-P

CF2E034 (10/03)

Zip  
**33411-1722**

Country  
**U.S.A.**

Zip  
**33411-1722**

Country  
**U.S.A.**

4. FEI Number

**20-0245608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KNEVELBAARD, LLOYD  
11924 FOREST HILL BOULEVARD  
SUITE 22-242  
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

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

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  
**D  
KNEVELBAARD, LLOYD  
11924 FOREST HILL BOULEVARD #22-242  
WELLINGTON, FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Knevelbaard, Lloyd  
410 Business Park Way STE 127  
Royal Palm Beach, FL 33411-1722** Address Change ☐ Addition ☐ Change ☐

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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:

**Lloyd Knevelbaard**

**1-2-04**

**561-712-6030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #