
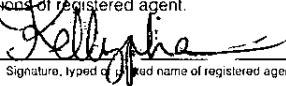



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90046 037 ***150.00

DOCUMENT # P03000125588			
1. Entity Name SUNTOWN, CORP.			
Principal Place of Business 257 CAROLINA JASMINE LANE JACKSONVILLE, FL 32259		Mailing Address 257 CAROLINA JASMINE LANE JACKSONVILLE, FL 32259	
2. Principal Place of Business 3101 SW 34th Ave.		3. Mailing Address 3101 SW 34th Ave.	
Suite, Apt. #, etc. Ste. 905, PMB #231		Suite, Apt. #, etc. Ste. 905, PMB #231	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34474	Country Marion	Zip 34474	Country Marion
6. Name and Address of Current Registered Agent PHAN, KELLY 257 CAROLINA JASMINE LANE JACKSONVILLE, FL 32259		7. Name and Address of New Registered Agent Name PHAN, KELLY Street Address (P.O. Box Number is Not Acceptable) 3101 SW 34th Ave., Ste. 905, PMB#231 City Ocala FL Zip Code 34474	
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  Kelly PHAN DATE 03-23-2004 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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, D PHAN, TRUC 257 CAROLINA JASMINE LANE JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D PHAN, TRUC 3101 SW 34th Ave., Ste. 905, PMB#231 Ocala, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S PHAN, KELLY 257 CAROLINA JASMINE LANE JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S PHAN, KELLY 3101 SW 34th Ave., Ste. 905, PMB#231 Ocala, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  TRUC PHAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-23-04 Daytime Phone # (352) 237-3108	

44040304



03152004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0333377 Applied For
Not Applicable

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