

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90039 035 \*\*\*150.00

**DOCUMENT # P03000131960**

1. Entity Name

SANDOL'S SUN & SHINE, INC.



Principal Place of Business

4920 E. ARBOR STREET  
INVERNESS FL 34452

Mailing Address

4920 E. ARBOR STREET  
INVERNESS FL 34452

44050166



MOORE

CR2E034 (4/04)

2. Principal Place of Business

4920 E. ARBOR ST., INVERNESS FL 34452

3. Mailing Address

4920 E. ARBOR ST. INVERNESS FL 34452

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL 34452

City & State

INVERNESS, FL

4. FEI Number

32-0098469

Applied For

Not Applicable

Zip

34452

Country

U.S.A

Zip

34452

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANG, HWEE  
12300 VONN ROAD  
7307  
LARGO FL 33774

Name

JANG, HWEE

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

5625 SOUTH DEDE TERRACE

City

INVERNESS

FL

Zip Code

34452

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]*

HWEE JANG

7/24/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 P ☐ Delete  
NAME JANG, HWEE  
STREET ADDRESS 12300 VONN ROAD, #7307  
CITY-ST-ZIP LARGO FL 33774

TITLE P ☐ Change ☐ Addition  
NAME JANG, HWEE  
STREET ADDRESS 5625 SOUTH DEDE TERRACE  
CITY-ST-ZIP INVERNESS, FL 34452

TITLE V ☐ Delete  
NAME JANG, SUN  
STREET ADDRESS 12300 VONN ROAD, #7307  
CITY-ST-ZIP LARGO FL 33774

TITLE V ☐ Change ☐ Addition  
NAME JANG, SUN  
STREET ADDRESS 5625 SOUTH DEDE TERRACE  
CITY-ST-ZIP INVERNESS, FL 34452

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*[Signature]*

HWEE JANG

7/24/04

(352) 726-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #