2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-15-2005 90094 042 ***150.00

DOCUMENT # P04000022944

1. Entity Name

JOHN PETER SUNGAIL, PA

Principal Place of Business	Mailing Address
~~2526 SR 580 E #301~~ ~~CLEARWATER FL 33761~~	~~2526 SR 580 E #301~~ ~~CLEARWATER FL 33761~~

2. Principal Place of Business: 4917 PELICAN DR
Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL
Zip: 34652 Country: PASCO

3. Mailing Address: 4917 PELICAN DR
Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL
Zip: 34652 Country: PASCO

1st MOORE CR2E034 (10/04)

4. FEI Number: ~~59-3617456~~ 06-1718521 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUNGAIL, JOHN P
2526 SR 580 E #301
CLEARWATER FL 33761

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] JOHN P. SUNGAIL 4-8-05

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, 2005 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	PRESIDENT JOHN PETER SUNGAIL 4917 PELICAN DR NEW PORT RICHEY FL 34652 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NC ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/C ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/C ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/C ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/C ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/C ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NC ☐ 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: [signature] JOHN P. SUNGAIL 4-8-05 727-686-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #