2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000043785

1. Entity Name
SUNQUEST MANAGEMENT, INC.

Principal Place of Business	Mailing Address
663 QUERCUS ST PORT ORANGE, FL 32127	PO BOX 7306 DAYTONA BEACH, FL 32116

DO NOT WRITE IN THIS SPACE

04252007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
56-2444626		Not Applicable

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

6. Name and Address of Current Registered Agent

WIDLAK, WALDEMAR K STD
20 JULIE DR.
ORMOND BEACH, FL 32176

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IN THIS SPACE

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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALKER, JEFFREY R
STREET ADDRESS	663 QUERCUS ST
CITY-ST-ZIP	PORT ORANGE, FL 32127

TITLE	STD
NAME	WIDLAK, WALDEMAR K
STREET ADDRESS	~~663 QUERCUS ST~~ 20 JULIE DR 32176
CITY-ST-ZIP	~~PORT ORANGE, FL 32127~~ ORMOND BEACH, FL

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: _____ JEFFREY R WALKER 4/30/07 3862995752

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