2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE:

an address, with all other like empowered

IE OF SIGNING OFFICER OR DIRECTOR

Feb 28, 2005 8:00 am Secretary of State DOCUMENT # P04000084247 1. Entity Name 02-28-2005 90218 047 ***158.75 SUN ENGINEERING & CONSTRUCTION MANAGEMENT CORP. Principal Place of Business Mailing Address 10386 VINTAGE DR PENSACOLA FL 32514 10386 VINTAGE DR PENSACOLA FL 32514 2. Principal Place of Business 3. Mailing Address 6732 Cedar Ridge Circle 1st MOORE CR2E034 (10/04) 6732 Ledar City & State 4. FEI Number Applied For MILTON MILTON 200970494 Not Applicable Country Zip \$8.75 Additional SANTA ROSA 5. Certificate of Status Desired 32570 SANTA ROSA 32510 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIFAYAT KHAN, DE P. 6 10386 VINTAGE DR Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32514 G732 CEDAR RIDGE Zip Code 32570 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 **LESIDENT** SIGNATURE Signature, typed oxp (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE 15 \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10.... 11. TITLE NAME **☑** Delete **∠**Change TITLE KIFAYAT KHAN, P.E KIFAYAT KHAN, 🕦 👫 NAME 10386 VINTAGE DR STREET ADDRESS STREET ADDRESS 6732 CEDAR RIDGE CIR. MILTON FIGES CITY ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP Change Delete TITLE Addition TITLE-NAHEED KHAN NAME NAHEED, KHAN NAME G732 CEDAR RIDGE CIR. MILTON, FL 32570 10386 VINTAGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

2/22/05 (85) 525-66/2 Date Phone #