

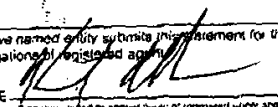
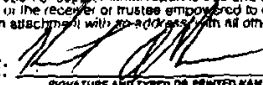
FROM : CARROLLWOOD ACCOUNTING

PHONE NO. : 813 933

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90177 018 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000087512			
1. Entity Name SUNCO INDUSTRIES, INC.			
Principal Place of Business 2406 W. PLATT ST. TAMPA, FL 33609		Mailing Address 2406 W. PLATT ST. TAMPA, FL 33609	
2. Principal Place of Business 5611 IKE SMITH RD		3. Mailing Address P.O. Box 71	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plant City		City & State Nonstop SA	
Zip 33565		Country NILSBORGH	
4. FEI Number 20-1372271		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ABRAMSON, LINDA 2406 W. PLATT ST. TAMPA, FL 33609	
7. Name and Address of New Registered Agent KURT ALLEN 5611 IKE SMITH RD Plant City FL 33565		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 		DATE 4-26-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D ABRAMSON, LINDA 2406 W. PLATT ST. TAMPA, FL 33609	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. KURT ALLEN 5611 IKE SMITH RD Plant City 71 33565
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 		Date 4-26-06 813-986-5961	

40069609

