2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127187



FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90279 043 ***158.75



NAME SIREET ADDRESS CITY-ST-ZIP	1. Entity Name	WER SERVICES INC.	107			03-27-2000	70277 0-	15 15	70.75	
Suite, Apl. #, etc. Suite, Apl. #, etc. Suite, Apl. #, etc. O3132006 Chg-P CR2E034 (11/05) Chy & State City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required Street Address of New Registered Agent Name MOURICK, DAVID J 10. OFFICERS AND DIRECTORS Trust Fund Contribution. Signature Parame, typed or primed name of impostered agent and tile of applicable. FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INIE BEIRNE, LISA SIREEL ADDRESS CITY-SI-ZIP MARCO ISLAND, FL. 34114 OTHER LANGERS CITY-SI-ZIP Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP Country Substance Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit SIREEL ADDRESS CITY-SI-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 C	2061 ROOKERY BAY DRIVE P.O. BOX 193 # 2203 MARCO ISLAND, FL 34146							*****		
City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required **Required **Required Name MOURICK, DAVID J 10998 BONITA BEACH RD. #2 BONITA SPRINGS, FL 34135 City FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) FL Zip Code S. Tree Address (P.O. Box Number is Not Acceptable) Signature is Not Acceptable) Signature is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Signature is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) Street Address (1001 11001	
Tourist Tour	Suite, Apt. #, etc. Suite, Apt. #, etc.				03132006	Chg-P	CR2E034	(11/05)		
Street Address of Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name 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 agent, or both, in the State of Florida. I am familiar with, and accepte the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent separater sequired when remistating) Pate FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE BEIRNE, LISA SIREET ADDRESS CITY-SI-ZIP MARCO ISLAND, FL 34114 Delete ITIE NAME SIREET ADDRESS CITY-SI-ZIP NAC SIREET ADDRESS CITY-SI-ZIP SIREET ADDRESS			City & State	,						
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of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE: _

14th march 06 389-465-8086

2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000127187 ATTACHMENT 1. Entity Name SUNFLOWER SERVICES INC. 5000615-8 Principal Place of Business Mailing Address 2061-ROOKERY-BAY DRIVE 141, 9TH STREET P.O. BOX 193 NW. MARCO ISLAND, FL 34146 #_2203 NAPLES, FL 34114 NAPLES . FL. 34120 03082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 73-1730096 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOURICK, DAVID J DO NOT WRITE 10998 BONITA BEACH RD IN THIS SPACE **BONITA SPRINGS, FL 34135** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BEIRNE, LISA NAME STREET ADDRESS 2061 ROOKERY BAY DRIVE, # 2203 MARCO ISLAND, FL 34114 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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:

NAME OF SIGNING OFFICER OR DIRECTOR