## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000135071** 1. Entity Name 04-29-2005 90176 031 \*\*\*150.00 SUNSTATE PROPERTY HOLDINGS, INC. Principal Place of Business Mailing Address 8311 ELKWOOD LANE 8311 ELKWOOD LANE 50044512 TAMPA, FL 33615 TAMPA, FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRINSON, RANDALL Street Address (P.O. Box Number is Not Acceptable) 8311 ELKWOOD LANE TAMPA, FL 33615 Zip Code City 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. Nondall SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition □ Delete TITLE BRINSON, RANDALL NAME NAME STREET ADDRESS 8311 ELKWOOD LANE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33615** CITY-ST-7P ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered. /////////// POPULATED NAME OF SIGNING OFFICER OR DIRECTOR **SIGNATURE:**

**FILED**