
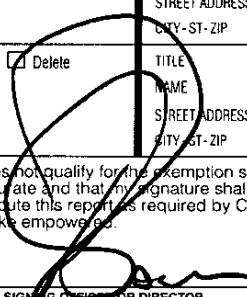


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90040 012 ***550.00

DOCUMENT # P04000157900 1. Entity Name L & M SUN CONSULTANTS, INC.					
Principal Place of Business 665 MARDEL COURT #102 NAPLES, FL 34104			Mailing Address P.O. BOX 803 GRAVENHURST ONTARIO CANADA P1P 1V1, XX		
2. Principal Place of Business 21711 PALMETTO DUNES DR Suite, Apt. #, etc. UNIT 102			3. Mailing Address Suite, Apt. #, etc. City & State ESTERO FLORIDA		
City & State ESTERO FLORIDA		City & State 		4. FEI Number FN 98-0442712	
Zip 33928		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WILLIAM R 8191 COLLEGE PARKWAY #204 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete ROZSA, MARILYN J STREET ADDRESS P.O. BOX 803 CITY-ST-ZIP GRAVENHURST, ONTARIO, CANADA, -- P1P 1V1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	DST <input type="checkbox"/> Delete ROZSA, LESLIE S STREET ADDRESS P.O. BOX 803 CITY-ST-ZIP GRAVENHURST, ONTARIO, CANADA, -- P1P 1V1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	-- <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: LESLIE ROZSA 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 7/15/05				Daytime Phone # (705) 687-7351	

50056164



07122005 Chg-P CR2E034 (10/03)

4. FEI Number **FN 98-0442712** ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
#204
FORT MYERS, FL 33919

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 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 \$550.00
Due by September 7, 2005**

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 **DP** ☐ Delete
NAME **ROZSA, MARILYN J**
STREET ADDRESS **P.O. BOX 803**
CITY-ST-ZIP **GRAVENHURST, ONTARIO, CANADA, -- P1P 1V1**

TITLE **DST** ☐ Delete
NAME **ROZSA, LESLIE S**
STREET ADDRESS **P.O. BOX 803**
CITY-ST-ZIP **GRAVENHURST, ONTARIO, CANADA, -- P1P 1V1**

TITLE **--** ☐ Delete
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SIGNATURE: **LESLIE ROZSA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/15/05** Daytime Phone # **(705) 687-7351**