

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000040125

1. Entity Name
SUN REALTY MARCO, INC.



FILED
Sep 05, 2006 8:00 A.M.
Secretary of State

Principal Place of Business
3757 TAMiami TRAIL NORTH
NAPLES FL 34103

Mailing Address
3757 TAMiami TRAIL NORTH
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07/24/06 2nd MOORE CR2E034 (4/06) 90001 009 8150
4. FEI Number 20-5447213 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

HICKS, GARY L
3757 TAMiami TRAIL NORTH
NAPLES FL 34103

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 use if applicable)

(NOTE: Registered Agent signature required when reinstating)

7/18/06 DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HICKS, GARY L
STREET ADDRESS 3757 TAMiami TRAIL NORTH
CITY - ST - ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/06

Date

239-649-1990

Daytime Phone #