## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000045103

CARSON, BROOKS S

OSPREY, FL 34229

235 FOUR KNOT LANE

Name:

Address:

City-St-Zip:

Entity Name: SUN & SEA ENTERPRISES, INC.

FILED Apr 27, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 235 FOUR KNOT LANE OSPREY, FL 34229 **Current Mailing Address: New Mailing Address:** 235 FOUR KNOT LANE OSPREY, FL 34229 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARSON, BROOKS S 235 FOUR KNOT LANE OSPREY, FL 34229 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CARSON, DOUGLAS T Name: Name: CARSON, DOUGLAS T 155 SEA ANCHOR DRIVE 155 SEA ANCHOR DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 Title: VΡ Title: DVS (X) Change ( ) Addition () Delete Name: CARSON, BROOKS S Name: CARSON, BROOKS S 235 FOUR KNOT LANE 235 FOUR KNOT LANE Address: Address: OSPREY, FL 34229 OSPREY, FL 34229 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition CARSON, DOUGLAS T Name: Name: 155 SEA ANCHOR DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: SEC (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BROOKS S CARSON S 04/27/2006