

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90336 025 ***150.00

DOCUMENT # P05718

1. Entity Name

SUNWAY INVESTMENTS, INC.



Principal Place of Business

10985 CODY
SUITE 220
OVERLAND PARK KS 66210
US

Mailing Address

10985 CODY
SUITE 220
OVERLAND PARK KS 66210
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1333604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUBIN, STEVEN D.
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CTD ☐ Delete
NAME CULBERTSON, DONALD E
STREET ADDRESS 2952 SUMPTER VALLEY CIR.
CITY-ST-ZIP HENDERSON NV 89052

TITLE PD ☐ Delete
NAME MCROBERT, MICHAEL P
STREET ADDRESS 10985 CODY SUITE 220
CITY-ST-ZIP OVERLAND PARKS KS 66210

TITLE C ☐ Delete
NAME KINDARD, KAREN
STREET ADDRESS 2952 SUMPTER VALLEY CIRCLE
CITY-ST-ZIP HENDERSON NV 89052

TITLE S ☐ Delete
NAME THOMAS, KAREN J
STREET ADDRESS 10985 CODY SUITE 220
CITY-ST-ZIP OVERLAND PARK KS 66210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CTD ☒ Change ☐ Addition
NAME Culbertson, Donald E.
STREET ADDRESS 8 Mountain Cove Street
CITY-ST-ZIP Henderson, NV 89052

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C ☒ Change ☐ Addition
NAME Kindred, Karen
STREET ADDRESS 8 Mountain Cove Street
CITY-ST-ZIP Henderson, NV 89052

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President 4/12/2004