## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

ANNUAL KEPUKI				Secretary of State		
DOCUMENT # P06000117197  1. Entity Name SUNCO II INC.				03-31-2	2008 90008 034 ***150.00	
Principal Plac 601 STARKE #297 LARGO, FL 3	Y RD	Mailing Address 601 STARKEY RD #297 LARGO, FL 33771		dana.	•	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008 Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-5530299	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De	sired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of	New Registered Agent	
SZUMSKI, MAREK Z						
601 STARKEY RD #297			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
LARGO, FL 33771						
			City		FL Zip Code	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regist	ered agent, or both, in the Stat	e of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if annicable (NOTE:	Registered Agent signature requir	ad when reinstation)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig	n Financing\$	5.00 May Be Ided to Fees		
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES 1	O OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SZUMSKI, MAREK Z 1548 CHATEAUX DE VI COURT CLEARWATER, FL 33764	· Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		Change - Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change ☐ Addillon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change ☐ Addition	
I 12 I harebu	certify that the information supplied with	this filing does not qualify for	the exemptions contains	ad in Chanter 119. Florida Sta	tutes. I further certify that the information.	

2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3,10,08

Daytime Phone