

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063836

Entity Name: SUN LABORATORIES, INC.

FILED
Mar 21, 2008
Secretary of State

Current Principal Place of Business:

5191 SHAWLAND ROAD
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

5191 SHAWLAND ROAD
JACKSONVILLE, FL 32254 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, MICHAEL D
4120 SHIRLEY AVENUE
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: NEWMAN, MICHAEL D
Address: 4120 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC () Delete
Name: NEWMAN, GLEN M
Address: 4120 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSC (X) Change () Addition
Name: NEWMAN, GLEN M
Address: 4120 SHIRLEY AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MICHAEL D. NEWMAN

P

03/21/2008

Electronic Signature of Signing Officer or Director

_____ Date