

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90362 001 ***317.50

DOCUMENT # P92000002384

1. Entity Name

SUN MART U.S.A. INC.



Principal Place of Business

2370 W OAK RIDGE RD
OAK RIDGE PLAZA
ORLANDO FL 32809
US

Mailing Address

2370 W OAK RIDGE RD
OAK RIDGE PLAZA
ORLANDO FL 32809
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 585682

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO FL

Zip

Country

Zip
32858

Country
USA

4. FEI Number

59-3154991

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

CHURCHILL, THOMAS L
7229 BLACK BULL LANE
ORLANDO FL 32835

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHURCHILL, THOMAS L
7229 BLACK BULL LANE
ORLANDO FL 32835

TITLE
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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:

Thomas L Churchill THOMAS L. CHURCHILL 4/24/04

4078598130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #