2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2006 08:00 AM Secretary of State

_ ANNUAL REPORT				r		UUU UO;UU AIV
DOCUMENT # P9300000975					Secret	ary of State
1. Entity Nan						
SUNCO	AST COMMUNICATION SERVI	CES, INC.				
Principal Plac	ce of Business N	Railing Address	· 	1		
8160-1 BRO		B160-1 BROOKS DR		1		
			vs ·	}		
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DO NOT WRITE IN THIS SPACE				01242006	No Chg-P	CR2E034 (11/05)
L	O NO! WHILE I	# 15 Manuel				
				59-3153	3815	Not Applicab
				5. Certificate t	of Status Desired	\$8.75 Additional
	6. Name and Address of Current Regis	stered Agent	 	1		Fee Required
	at votile tile transfer at out the transfer	initia rigent				
CHEATHAM, JAMES C				DO	NOT M	DITE
8160-1 BROOKS DR			DO NOT WRITE			
JACKSONVILLE, FL 32244			IN THIS SPACE			
			{		1110 01	AUL
			{			
6. The above	named entity submits this statement for the	ourpose of changing its register	ed office or register	red agent, or both	n, in the State of Flo	rida. I am familiar with, and accep
the obligat	tions of registered agent.					
SIGNATURE						
diamini dile-	Signature, typed or printed name of registered agent and title	il applicable [NOTE: Registere	d Agent şignalura required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fina After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		
Wifet (4):	ay 1, 2006 Fee will be \$550.00	ridati dila occinioditori.	□ Add	ed to Legas		
10.	OFFICERS AND DIRE	CTORS	I			
TITLE	DP		1			
NAME	CHEATHAM, JAMES C		1			
STREET ADDRESS	8160-1 BROOKS DR		l			
C)TY-SY-719	JACKSONVILLE, FL 32244		l			
TIFLE	ST					
NAME	CHEATHAM, LEE S				000000	437279
STREET ADDRESS	8160-1 BROOKS DRIVE				05/58/08-	80034-018 150.00
City-St-21P	JACKSONVILLE, FL					
TITLE						
NAME STOCKT ADDOCCO			į			
STREET ADDRESS (Ĭ	DO	NOT W	RITE
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TITLE			1	IN T	THIS SP	ACE
NAME STREET ADDRESS			1			
CITY-ST-ZIP			1			
TITLE	·		}			
NAME (
STREET ATHROPESS			E .			

12. 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 offect 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.

Tames C. Cheathem

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/06

904-591-1487 Daylina Phone #