2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000018470

1. Entity Name
SUN QUEST BUILDERS, INC.

FILED
07 OCT 23 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3830 SE LEE STREET STUART, FL 34997	3830 SE LEE STREET STUART, FL 34997

10192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10490 NE 130TH Av.	10490 NE 130TH Av.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft McCoy FlA	City & State: Ft McCoy FlA
Zip: 32134 Country: MARION	Zip: 32134 Country: MARION

4. FEI Number: 65-0469384 65-0469388 ☐ 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
NELSON, FRANK 3830 SE LEE STREET STUART, FL 34997	Name: NELSON, FRANK Street Address (P.O. Box Number is Not Acceptable): 10490 NE 130TH AVE. City: Ft McCoy FL Zip Code: 32134

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: FRANK NELSON DP 10-19-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

Amended AR is $61.25

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	DP NELSON, FRANK 3830 SE LEE STREET STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FRANK NELSON 10490 NE. 130TH Av. Ft McCoy Fl. 32134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Joseph A. Howse 14805 NE 150TH Av. Ft McCoy Fl. 32134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/25	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700111555807 10/31/07--01048--016 **61.25	☐ Change ☐ Addition
TITLE / 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-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: FRANK NELSON 10-19-07 352-236-0348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #