


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90750 021 ***158.75

DOCUMENT # P94000043343

1. Entity Name
SOUTH SUN ENERGY CONSERVATIONS, INC.



Principal Place of Business Mailing Address

1535 NORTHGATE BLVD **1535 NORTHGATE BLVD**
SARASOTA, FL 34234 US **SARASOTA, FL 34234 US**

2. Principal Place of Business 3. Mailing Address

1911 N. East Ave. *1911 N. East Ave.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Sarasota, FL *Sarasota, FL*

Zip Country Zip Country

34234-7613 *US* *34234-7613* *US*



04232004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0497853 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VER VANE, EDWARD
1535 NORTHGATE BLVD
SARASOTA, FL 34234

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VER VANE, EDWARD	
STREET ADDRESS	1535 NORTHGATE BLVD	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	DAVID VERVANE	
STREET ADDRESS	4201 TAGGARTCAYS APT#201	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	DAREK VERVANE	
STREET ADDRESS	4430 HALE ST	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Edward Vervane* **EDWARD VERVANE** 4-28-04 941-927-9460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #