

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000084122

1. Entity Name
SULOR ENTERPRISES, INC.



Principal Place of Business
2789 FLIGHTLINE AVE
SANFORD, FL 32773-8740

Mailing Address
2789 FLIGHTLINE AVE
SANFORD, FL 32773-8740



02212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3282156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDLE, LOREN M
2789 FLIGHTLINE AVE
SANFORD, FL 32773-8740

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IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000075213
03/03/04-80049-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIEDLE, SUSAN T
STREET ADDRESS	2789 FLIGHTLINE AVE
CITY-ST-ZIP	SANFORD, FL 327738740
TITLE	ST
NAME	FRIEDLE, LOREN M.
STREET ADDRESS	2789 FLIGHTLINE AVE
CITY-ST-ZIP	SANFORD, FL 327738740
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Susan T. Friedle / SUSAN T. FRIEDLE

Date

3-1-04

Daytime Phone #

407/323-0200