


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 09, 2006 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
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01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDLE, SUSAN T 2789 FLIGHTLINE AVE SANFORD, FL 327738740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDLE, LOREN M. 2789 FLIGHTLINE AVE SANFORD, FL 327738740
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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: Susan T. Friedle SUSAN T. FRIEDLE 2-6-06 407-323-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #