

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90972 047 ***150.00

P950000018270



The Sunday Group, Inc

Principal Place of Business
89 CENTRAL SQ.
SEASIDE, FL 32459

Mailing Address
P.O. BOX 4692
SANTA ROSA BEACH, FL 32459



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3303202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITE, ROBERT A
180 CANAL ST
SEAGROVE BEACH, FL 32459

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	WHITE, ROBERT A
STREET ADDRESS	180 CANAL ST
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459
TITLE	STD
NAME	WHITE, LINDA L
STREET ADDRESS	180 CANAL ST
CITY - ST - ZIP	SEAGROVE BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

Robert A. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05

850-231-5481

Usco

(Anytime) Thru #