

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90157 030 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000081175					
1. Entity Name SUNCOVERS, INC.					
Principal Place of Business 532 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462-1006			Mailing Address 532 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462-1006		
2. Principal Place of Business 1490 S. MILITARY TRAIL		3. Mailing Address 1490 S. MILITARY TRAIL			
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4			
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number 65-0628127	
Zip 33415		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TYNAN, MARIE 532 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462			7. Name and Address of New Registered Agent Name MARIE TYNAN Street Address (P.O. Box Number is Not Acceptable) 379 VILLA DR S. City ATLANTIS FL Zip Code 33462		
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 <u><i>Marie Tynan</i></u> DATE <u><i>1/5/05</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD TYNAN, MARIE T 532 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 334621006 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARIE T. TYNAN 379 VILLA DR S. ATLANTIS FL 33462 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Marie Tynan</i></u> MARIE TYNAN			Date <u><i>1/5/05</i></u> Daytime Phone # <u><i>561-642-6706</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					