


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P96000010256 1. Entity Name SUNBURST INDUSTRIES, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 215 SOUTH MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301 | Mailing Address P.O. BOX 10095 TALLAHASSEE, FL 32302-2095 |
|--|---|



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------------|
| 4. FEI Number NOT APPLICABLE | 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

**PENNINGTON, CARL R JR
215 SOUTH MONROE STREET
SECOND FLOOR
TALLAHASSEE, FL 32301**

**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 reinstalling)

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD WHETSTONE, W W 2795 AJ HENRY PARK DRIVE TALLAHASSEE, FL 32308 |
|--|---|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD PENNINGTON, CARL R JR. 215 SOUTH MONROE STREET, 2ND FLOOR TALLAHASSEE, FL 32301 |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

U00000036854
02/06/04-80076-003 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04
Date

850/2223533
Daytime Phone #