

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2006 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



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 reappointing)

1/4/02

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
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01/09/06-80002-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/05

DATE

850/222-3533

OFFICE OF THE SECRETARY OF STATE