

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000011598

1. Entity Name
SUN WORKS PRECISION PLASTICS, INC.



Principal Place of Business
**12335 AUTOMOBILE BLVD
CLEARWATER, FL 33762 US**

Mailing Address
**12335 AUTOMOBILE BLVD
CLEARWATER, FL 33762 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3363541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MYREGAARD, BRIAN T
12335 AUTOMOBILE BLVD
CLEARWATER, FL 33762**

**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 reinstating) 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	P
NAME	MYREGAARD, BRIAN
STREET ADDRESS	6 FERNBROOKE DR
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	VP
NAME	MYREGAARD, PAMELA
STREET ADDRESS	6 FERNBROOKE DR
CITY-ST-ZIP	SAFETY HARBOR, FL
TITLE	S
NAME	MYREGAARD, WILLIAM
STREET ADDRESS	4411 WHITTON WAY
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	T
NAME	MYREGAARD, BRIAN
STREET ADDRESS	6 FERNBROOKE DR
CITY-ST-ZIP	SAFETY HARBOR, FL

11010007395610
01/26/06 80057-018 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1-19-06 727-573-2343