


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90364 050 ***150.00

DOCUMENT # P96000100333

1. Entity Name
SUNBURST AVIATION, INC.



Principal Place of Business
**10853 FREEDOM BLVD
 SEMINOLE, FL 33772**


Mailing Address
**8827 CHESTERTON PL
 TAMPA, FL 33626**

2. Principal Place of Business
4190 112th TERRACE

3. Mailing Address
 Suite, Apt. #, etc.
SUITE A

City & State
CLEARWATER FL

City & State
 City & State
33762 PINELLAS



02062004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3415628

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

6. Name and Address of Current Registered Agent

**SARLEY, ROCCO J JR
 10853 92ND AVENUE NORTH
 SEMINOLE, FL 33772**

7. Name and Address of New Registered Agent

Name **ROCCO J SARLEY JR.**

Street Address (P.O. Box Number is Not Acceptable)
8827 CHESTERTON PL

City **TAMPA** FL Zip Code **33635**

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 *Rocco Sarley Jr* **ROCCO J SARLEY JR** **4/14/04**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PTD HAGBARTSEN, ERIC 4150 112TH TERRACE NORTH, UNIT B CLEARWATER, FL 34619 <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	VSD SARLEY, ROCCO J JR. 4150 112TH TERRACE NORTH, UNIT B CLEARWATER, FL 34619 <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	SD GROSS, RALPH 4491 85 AVE N PINELLAS PARK, FL 33781 <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

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: *Rocco Sarley Jr* **ROCCO J SARLEY JR** **4/14/04** **727-422-5039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #