## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000018250

1. Entity Name

SUNCHASE REALTY CORPORATION



Principal Place of Business

Mailing Address

5015 W WATERS AVE

5015 W WATERS AVE

SUITE C SUITE C TAMPA, FL 33634 US TAMPA,

TAMPA, FL 33634 US



06 FEB 20 PH 3: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3433115

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

813-290 8200

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

VANLANDINGHAM, JAMES C 8706 CHARMING KNOLL COURT TAMPA, FL 33635

SIGNATURE:

## 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.					
the obligat	ons of registered agent.				U000001429574
SIGNATURE 03/02/05/80/05/810/8.75 Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
ON STATE OF THE PROPERTY OF TH					
		<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ing 🛚	\$5.00 May Be Added to Fees	000000439574 03/02/06 <b>/</b> 80006-009 150.00
10. OFFICERS AND DIRECTORS					· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS VANLANDINGHAM, JAMES C. 8706 CHARMING KNOLL CT TAMPA, FL 33635			2 03/0	00067322162 7/0601053015 **8,75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00067322162 7/0601053016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
THILE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					77570b
TITLE NAME STREET ADDRESS CITY-ST-ZIP					317
12. Thereby 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.					