


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P97000052235 |  |
| 1. Entity Name SUN SOLUTIONS, INC. | |

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|---|---|
| Principal Place of Business 5444 BAY CENTER DRIVE SUITE 215 TAMPA, FL 33609 | Mailing Address 5444 BAY CENTER DRIVE SUITE 215 TAMPA, FL 33609 |
|---|---|

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3454398 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent STULL, R J ESQ. 602 SOUTH BOULEVARD TAMPA, FL 33606 | 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.

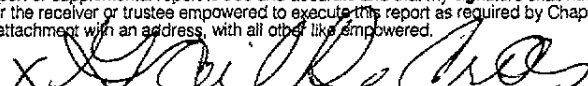
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000075247 03/03/04-80051-020 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DECROES, GAIL 5444 BAY CENTER DRIVE #217 TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DECROES, CHARLES B 5444 BAY CENTER DRIVE #217 TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DECROES, DEBORAH 5444 BAY CENTER DRIVE #217 TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**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:  **8/1/04 813 2862002**

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