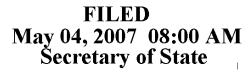
2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P9700058623 1. Entity Name A SUN STATION OF GAINESVILLE, INC. Principal Place of Business 2614 SW 34TH ST STE 4 GAINESVILLE, FL 32608 ANNUAL REPORT Mailing Address 2614 SW 34TH ST STE 4 GAINESVILLE, FL 32608



Applied For

352-378 6618

Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| 05022007 | No Chg-P | CR2E034 (11/05) | |
|----------|----------|-----------------|--|
| | | | |

| 5. | 5. Certificate of Status Desired | | | | | | | | \$8.75 Additional Fee Required | | |
|----|----------------------------------|--|--|--|--|--|--|--|-----------------------------------|---|---|
| | | | | | | | | | | • | • |

4. FEI Number 59-3455659

LEE, TONI K 2441 NW 43RD ST STE 25A GAINESVILLE, FL 32606

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| Ine 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 the | le if applicable. (NOTE: Regi | stered Agent eignetur | e required when reinstating) | DATE | | | |
| j . | LE NOWIII FEE IS \$550.00 ue by September 14, 2007 | Election Campaign Fi Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIRI | ECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LEE, TONI K 2441 NW 43RD ST. STE 25A GAINESVILLE, FL 32606 | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LEE, TONI K 2441 NW 43RD ST. STE 25A GAINESVILLE, FL 32606 | | | | U00000761134 05/25/07-80043-020 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LEE, TONI K 2441 NW 43RD ST. STE 25A GAINESVILLE, FL 32606 | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | | IN . | THIS SPACE | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | | | |
| of the corp | on this report of supplemental report is true | and accurate and that my sig ed to execute this report as rec | nature shall hav | re the same legal effec | 9, Florida Statutes. I further certify that the information of the sift made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if | | | |

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR