

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000006254

1. Entity Name
SUN COMMODITIES, INC.



FILED
Mar 05, 2007 08:00 AM
Secretary of State

Principal Place of Business
**2230 SW 2ND STREET
POMPANO BEACH, FL 33069**

Mailing Address
**2230 SW 2ND STREET
POMPANO BEACH, FL 33069**



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0805348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, FRED C
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000655721
03/13/07-60117-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGG, LESLIE 5975 VINTAGE OAKS CIR DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BETHEL, ORLAND R 3RD ST AND CROOKED RUN RD N VERSAILLES, PA 15137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BETHEL, GARY R 8 THOMAS JEFFERSON DR IRWIN, PA 15642
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 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 #

2/28/07 954-922-8383