

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90072 012 ***158.75

DOCUMENT # P98000006441

1. Entity Name

SUN STATE AWNINGS, INC.



Principal Place of Business

515 PAUL MORRIS DRIVE
#B
ENGLEWOOD FL 34223
US

Mailing Address

515 PAUL MORRIS DRIVE
#B
ENGLEWOOD FL 34223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0811707

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIETRUSZKA, JAN W
4800 S WESTSHORE BLVD
APT 327
TAMPA FL 33611

Name

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

4104 EUCLID AVE

City TAMPA

FL

Zip Code 33629

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PIETRUSZKA, W M
STREET ADDRESS 10074 OWL HEAD CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ST ☐ Delete
NAME PIETRUSZKA, ANN MARIE
STREET ADDRESS 10074 OWL HEAD CIRCLE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE V ☐ Delete
NAME COLE, LEON
STREET ADDRESS 102 MANDARIN RD
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE V ☐ Delete
NAME WALLACE, DENNIS R
STREET ADDRESS 11888 XAVIER AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Ann Marie Pietruszka* ANN MARIE PIETRUSZKA 4/16/04 941 475 7699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #