2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000006441

1. Entity Name:
SUN STATE AWNINGS, INC.

FILED
04 SEP 23 AM 1:40
SECRETARY OF STATE
FLORIDA

Principal Place of Business	Mailing Address
515 PAUL MORRIS DRIVE #B ENGLEWOOD, FL 34223 US	515 PAUL MORRIS DRIVE #B ENGLEWOOD, FL 34223 US

09152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
PEITRUSZKA, JAN W 4104 EUCCLID AVE TAMPA, FL 33629 CORRECTION →	Name W. JAN PIETRUSZKA Street Address (P.O. Box Number is Not Acceptable) C/O SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BOULEVARD City TAMPA FL Zip Code 33602

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 changing) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PIETRUSZKA, W M 10074 OWL HEAD CIRCLE PORT CHARLOTTE, FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PIETRUSZKA, ANN MARIE 10074 OWL HEAD CIRCLE PORT CHARLOTTE, FL 33981	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLE, LEON 102 MANDARIN RD WINTER GARDEN, FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000041400420 09/28/04--01048--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALLACE, DENNIS R 11888 XAVIER AVE PORT CHARLOTTE, FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 9/20/04 941 475 7699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #