

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000044343**

1. Entity Name  
**SUN PLAZA, INC.**



Principal Place of Business  
**525 S.W. SOUTH MACEDO  
PORT SAINT LUCIE, FL 34986**

Mailing Address  
**525 S.W. SOUTH MACEDO  
PORT SAINT LUCIE, FL 34986**

**DO NOT WRITE IN THIS SPACE**



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0838682**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCALERA, DEAN  
525 S.W. SOUTH MACEDO  
PORT ST. LUCIE, FL 34986**

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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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SCALERA, DEAN
STREET ADDRESS	525 S.W. SOUTH MACEDO
CITY - ST - ZIP	PORT ST. LUCIE, FL 34986
TITLE	S
NAME	SCALERA, SAM
STREET ADDRESS	525 S.W. SOUTH MACEDO
CITY - ST - ZIP	PORT ST. LUCIE, FL 34986
TITLE	VP
NAME	SCALERA, THOMAS
STREET ADDRESS	525 S.W. SOUTH MACEDO
CITY - ST - ZIP	PORT ST. LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/04/05-80052-009 150.00

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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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #