

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 28 AM 11: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051560

1. Entity Name
SUNPACK OF PENSACOLA, INC.



Principal Place of Business
8500 FOWLER AVENUE
PENSACOLA, FL 32534

Mailing Address
8500 FOWLER AVENUE
PENSACOLA, FL 32534

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3514554

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ONEILL, JOHN M
4370 DEVEREUX DRIVE
PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name
John Michael O'Neill, III

Street Address (P.O. Box Number is Not Acceptable)
8500 Fowler Avenue

City
Pensacola FL Zip Code
32534

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)

4/27/07

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D ONEILL, JOHN M
4370 DEVEREUX DRIVE
PENSACOLA, FL 32504 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
John Michael O'Neill, III ☒ Change ☐ Addition
8500 Fowler Avenue
Pensacola, FL 32534

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

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

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☐ Change ☐ Addition

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 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

4/27/07 850-484-7977

Date

Daytime Phone #