## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000079354

Name:

Address:

City-St-Zip:

FILED Jan 21, 2004 Secretary of State

Entity Name: SUNFEST SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 700 N. PENINSULA AVE. NEW SMYRNA BEACH, FL 32169 **Current Mailing Address: New Mailing Address:** P.O. BOX 1953 NEW SMYRNA BEACH, FL 32170 FEI Number: 59-3530778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAGNER, MARTHA T 700 N. PENINSULA AVE NEW SMYRNA BEACH, FL 32169 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition LAMMERS, MARTHA WAGNER, MARTHA Name: Name: 700 N. PENINSULA AVE. 700 N. PENINSULA AVE. Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32169 City-St-Zip: NEW SMYRNA BEACH, FL 32169 Title: () Delete Title: ( ) Change (X) Addition

Name:

Address:

City-St-Zip:

PHILLIP, WAGNER R

700 N. PENINSULA AVE NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MARTHA T. WAGNER 01/21/2004