


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90019 016 ***150.00

DOCUMENT # P99000012425					
1. Entity Name C & K SUN PROPERTIES, INC.					
Principal Place of Business 8422 SEVEN MILE DR. PONTE VEDRA BCH, FL 32082			Mailing Address 8835 JULIA DENT ST. LOUIS, MO 63123		
2. Principal Place of Business 4849 SAXON DR.		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Smyrna Beach, FLA.		City & State			
Zip 32169	Country USA	Zip	Country		
4. FEI Number 36-4276767			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME WAGNER, RICHARD V		TITLE TS	NAME KELLY A. WAGNER	
STREET ADDRESS 8835 JULIA DENT	CITY-ST-ZIP ST. LOUIS, MO 63123		STREET ADDRESS 8835 JULIA DENT DR.	CITY-ST-ZIP ST. LOUIS, MO 63123	
TITLE TS	NAME MENDEL, JEFFERY A		TITLE	NAME	
STREET ADDRESS 1739 TOPPING	CITY-ST-ZIP ST. LOUIS, MO 63131		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		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: <i>Richard V. Wagner</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
RICHARD V. WAGNER			1-4-05		
Date			314-397-0302		
Daytime Phone #			314-397-0302		