



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000020386</b> 1. Entity Name <b>SUN MAINTENANCE &amp; SERVICE INC.</b>			
Principal Place of Business <b>5704 MARINA DR. HOLMES BCH, FL 34217</b>		Mailing Address <b>5704 MARINA DR. HOLMES BCH, FL 34217</b>	
2. Name of Corporation <b>SUN MAINTENANCE &amp; SERVICE INC.</b>		<div style="text-align: center;">             04172007    No Chg-P    CR2E034 (11/05)         </div>	
3. FEI Number <b>65-0913521</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			
<b>HESLOP, NICOLE 5704 MARINA DR. HOLMES BCH, FL 34217</b>		7. Signature of Registered Agent	
<b>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.</b>			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		U000000728824 05/08/07-80015-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HESLOP, NICOLE 5704 MARINA DR. HOLMES BCH, FL 34217</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. Signature of Officer or Director		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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<b>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.</b>			
<b>SIGNATURE:</b> <i>Nicole Heslop</i> <b>Nicole Heslop</b> 4/17/05    941-778-4444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>			