## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P99000041288 1. Entity Name SUN ZONE, INC. Principal Place of Business Mailing Address 309 N ATLANTIC AVE 405 LONG COVE RD. DAYTONA BEACH, FL 32118 ORMOND BEACH, FL 32174 01202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3592031 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YOON, JONG S DO NOT WRITE 405 LONG COVE RD. ORMOND BEACH, FL 32174 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 at registered agent and title if eppkoable, (NOTE, Registered Agent signature required when reinstating) \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS BILE 000000088104 03/15/04-80038-015 150.00 YOON, JONG S NAME STREET ADDRESS 405 LONG COVE RD. ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE YOON, OK NAME STREET ADDRESS 405 LONG COVE RD. City-St-Zip ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIBLE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 3.19.07(3)(f). 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 path; 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/8/04

Daytime Phone #

**FILED**