

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000079745**

1. Entity Name  
SUGAR HILL ONE, INC.



Principal Place of Business  
516 LAKEVIEW RD., UNIT 8  
CLEARWATER, FL 33756

Mailing Address  
516 LAKEVIEW RD., UNIT 8  
CLEARWATER, FL 33756



01272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3596296	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FLYNN, THOMAS F  
516 LAKEVIEW RD., UNIT 8  
CLEARWATER, FL 33756

**DO NOT WRITE  
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 of registered agent and title if applicable.

(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 ☐

**\$5.00** May Be  
Added to Fees

UN00000241359  
02/24/05-80040-015 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	FLYNN, THOMAS F
STREET ADDRESS	516 LAKEVIEW RD., UNIT 8
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	VPD
NAME	FLYNN, KEVIN T
STREET ADDRESS	516 LAKEVIEW RD #8
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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:**

Kevin T. Flynn, Vice-President

2/16/05

727-449-1182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #