

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09
Sec

DOCUMENT # S45038	
1. Entity Name SUN MORTGAGE OF THE PALM BEACHES, INC.	

Principal Place of Business 2084 ARDLEY RD JUNO ISLES, FL 33408 US	Mailing Address 2084 ARDLEY RD JUNO ISLES, FL 33408 US
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0254168

Applied F
Not Applie

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAJDOWICZ, THOMAS E.
2084 ARDLEY ROAD
JUNO ISLES, FL 33408

**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 _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME ADDRESS CITY STATE ZIP	D WAJDOWICZ, THOMAS E. 2084 ARDLEY RD. JUNO ISLES, FL
TITLE NAME ADDRESS CITY STATE ZIP	P WAJDOWICZ, THOMAS E. 2084 ARDLEY RD JUNO ISLES, FL
TITLE NAME ADDRESS CITY STATE ZIP	VP WAJDOWICZ, THOMAS E. 2084 ARDLEY RD JUNO ISLES, FL
TITLE NAME ADDRESS CITY STATE ZIP	ST WAJDOWICZ, THOMAS E. 2084 ARDLEY ROAD JUNO ISLES, FL
TITLE NAME ADDRESS CITY STATE ZIP	
TITLE NAME ADDRESS CITY STATE ZIP	

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04/09/05-80060-011 150.00

**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)(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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WAJDOWICZ 4/6/05 (561) 275-3166

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR