

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S48963**

1. Entity Name

SUN SHIELD CONSTRUCTION, INC.



Principal Place of Business  
1272 LAUREL DRIVE  
NO FT MYERS FL 33917

Mailing Address  
1272 LAUREL DRIVE  
NO FT MYERS FL 33917

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0262627**

Applied For  
Not Applicable

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



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

BOHL, MICHELLE  
1272 LAUREL DRIVE  
N. FT. MYERS FL 33917

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

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BOHL, WILLIAM F IV  
STREET ADDRESS 1272 LAUREL DR  
CITY-ST-ZIP NO FT MYERS FL

TITLE S ☐ Delete  
NAME BOHL, WILLIAM F V  
STREET ADDRESS 1272 LAUREL DRIVE  
CITY-ST-ZIP NO FT MYERS FL 33917

TITLE VP ☐ Delete  
NAME SCHANBECK, BEN E  
STREET ADDRESS 242 EVERGREEN RD  
CITY-ST-ZIP NORTH FORT MYERS FL 33403

TITLE AVP ☐ Delete  
NAME BOHL, JONATHAN W  
STREET ADDRESS 1272 LAUREL DRIVE  
CITY-ST-ZIP NO FT MYERS FL 33917

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT/OWNER**  
**WILLIAM F. BOHL III**

**2-1-05 (239) 656-1648**

Date

Daytime Phone #