

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90020 043 \*\*\*150.00

<b>DOCUMENT # V52397</b> 1. Entity Name <b>SUN CREST MANAGEMENT, INC.</b>			
Principal Place of Business <b>PO BOX 28422</b> <b>PANAMA CITY BEACH, FL 32411 US</b>		Mailing Address <b>P.O. BOX 28422, N/A</b> <b>PANAMA CITY BEACH, FL 32411 US</b>	
2. Principal Place of Business <b>P.O. Box 2117</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2117</b> Suite, Apt. #, etc.	
City & State <b>PANAMA CITY, FL</b> Zip Country <b>32402-2117 US</b>		City & State <b>PANAMA CITY, FL</b> Zip Country <b>32402-2117 US</b>	
4. FEI Number <b>59-3137673</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MATTHEWS, SAM C</b> <b>1112 RODFISH CIR</b> <b>PANAMA CITY BEACH, FL 32408</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>2160 PALM TREE DRIVE</b> City <b>PUNTA GORDA</b> <b>FL</b> Zip Code <b>33950</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.  SIGNATURE <b>SAM MATTHEWS</b> DATE <b>03-15-05</b> <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</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATTHEWS, SAMUEL C.</b> <b>P.O. BOX 28272 N/A</b> <b>PANAMA BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>SAM MATTHEWS</b> <b>03-15-05</b> <b>941-575-4641</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			