## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # V60507**

1. Entity Name

SUNSTATE OFFICE EQUIPMENT, INC.



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

4899 W WATERS AVE TAMPA, FL 33634 Mailing Address

P.O. BOX 152777 SUITE D

TAMPA, FL 33684

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04302007	No Chg-P	CR2E034 (1	1/05)
EEI Number			Applied For

5. Certificate of Status Desired

59-3139326

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

D'ANGELO, JENNIFER C/O LUKE CHARLES LIROT, P.A. 112 N. EAST ST., STE. B TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

112 N. EAST ST., STE. B TAMPA, FL 33602				IN THIS SPACE		
	tions of registered agent.		L ad office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATORE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	I			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, LARRY 4899 W WATERS AVE, SUITE D TAMPA, FL 33634				U00000754389	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000754383 05/22/07-80058-017 150.00	
TITLE						
NAME Street address City-St-Zip		:		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 813.880-0411

Daytime Phone #