

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # V70400

1. Entity Name
SUNSTREAM REALTY, INC.



Principal Place of Business
**6620 ESTERO BLVD.
FORT MYERS BEACH, FL 33931**

Mailing Address
**6620 ESTERO BLVD.
FORT MYERS BEACH, FL 33931**



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0372550

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONSRUD, MARY ANNE
6620 ESTERO BLVD.
SUITE B
FORT MYERS BEACH, FL 33931**

**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**

**U000000263486
03/14/05-80096-008 300.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | V |
| NAME | TURNER, DEANA C |
| STREET ADDRESS | 6620 ESTERO BLVD |
| CITY-ST-ZIP | FORT MYERS BEACH, FL 33931 |
| TITLE | D |
| NAME | SWANSON, ROBERT J |
| STREET ADDRESS | 1125 S FRONTAGE ROAD SUITE 4 |
| CITY-ST-ZIP | HASTINGS, MN 55033 |
| TITLE | DPT |
| NAME | LAWRENCE, DAVID A |
| STREET ADDRESS | 1125 S FRONTAGE ROAD SUITE 4 |
| CITY-ST-ZIP | HASTINGS, MN 55033 |
| TITLE | DVT |
| NAME | FLUEGEL, DONALD J |
| STREET ADDRESS | 1303 S. FRONTAGE RD., #5 |
| CITY-ST-ZIP | HASTINGS, MN |
| TITLE | DVS |
| NAME | VOGEL, JAMES D |
| STREET ADDRESS | 3936 TAMiami TRAIL N. STE. D |
| CITY-ST-ZIP | NAPLES, FL |
| TITLE | DVT |
| NAME | MONSRUD, MARY ANNE |
| STREET ADDRESS | 6620 ESTERO BLVD |
| CITY-ST-ZIP | FORT MYERS BEACH, FL 33931 |

**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 reports 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

3/10/05 239-765-4111

Date

Daytime Phone #