2005 FOR PROFIT CORPORATION ANNUAL REPORT

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05 SEP 16 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 437157

1. Entity Name
SUNSHINE PARKWAY RESTAURANTS, INC.

Principal Place of Business	Mailing Address
6600 ROCKEDGE DR. DEPT. 72-928.81 BETHESDA, MD 20817 US	6600 ROCKLEDGE DR. DEPT. 72-928.81 BETHESDA, MD 20817 US

DO NOT WRITE IN THIS SPACE

06102005 No Chg-P CR2E034 (10/03)

4. FEI Number
34-1131787

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCARTHY, JOHN J
STREET ADDRESS	6600 ROCKLEDGE DR MS 3-1
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	VD
NAME	BROWN, BERNARD
STREET ADDRESS	6600 ROCKLEDGE DR MS 3-1
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	D
NAME	POWERS, CHARLES E
STREET ADDRESS	6600 ROCKLEDGE DR MS 3-1
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	T
NAME	RATYCH, MARK T
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	SD
NAME	BABIN, LAURA A
STREET ADDRESS	6600 ROCKLEDGE DRIVE DEPT 72/928.81
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	AS
NAME	SANDERS, SADYE C
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-ST-ZIP	BETHESDA, MD 20817

200059786462
09/20/05--01051--019 **550.00

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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: Sadye C. Sanders Assistant Secretary 9/12/05 (240)644-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #