2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90044 042 ***150.00

DOCUMENT # H16873

1. Entity Name
SUNSHINE REALTY & APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address
741 A1A BEACH BLVD ST. AUGUSTINE BEACH, FL 32080 US	P. O. BOX 4367 ST. AUGUSTINE, FL 32085-4367

40002159

01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	741 A1A BEACH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ST. AUGUSTINE BEACH, FL
Zip / Country	Zip: 32080 Country: US

4. FEI Number: 59-2433329 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLOMON, JANE
741 A1A BEACH BLVD
ST. AUGUSTINE BEACH, FL 32080

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 Jane Solomon, President DATE 1-13-05

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOLOMON, JANE		NAME		
STREET ADDRESS	27 BERMUDA RUN WAY		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE BEACH, FL 32080		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Jane Solomon, President 1-13-05 904-471-9259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JANE Solomon