


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90029 007 ****61.25

DOCUMENT # N93000000432			
1. Entity Name SUNSHINE STATE ONE-CALL OF FLORIDA, INC.			
Principal Place of Business 11 PLANTATION RD. DEBARY, FL 32713 US		Mailing Address 11 PLANTATION RD. DEBARY, FL 32713 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWEET, MARK EXECUTIVE DIRECTOR 11 PLANTATION RD. DEBARY, FL 32713		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORG, MICHAEL	NAME	BATCHELOR, L.E. (Larry)
STREET ADDRESS	501 EAST LEMON ST.	STREET ADDRESS	6915 PINE FOREST ROAD
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, DAVID	NAME	CALHOUN, DERYLE
STREET ADDRESS	15 N. LAKESHORE DRIVE	STREET ADDRESS	2434 PEARL STREET NORTH
CITY-ST-ZIP	OCOOE, FL 34761	CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAINTER, TOM	NAME	MISICKA, EDWARD
STREET ADDRESS	526 S.W. 5TH AVE	STREET ADDRESS	3767 ALL AMERICAN BLVD
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, MARK	NAME	
STREET ADDRESS	11 PLATATION RD.	STREET ADDRESS	
CITY-ST-ZIP	DEBARY, FL 32713	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISICKA, EDWARD	NAME	BAEZ, FROILAN
STREET ADDRESS	3767 ALL AMERICAN BLVD	STREET ADDRESS	3575 S. LEJEUNE ROAD
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	MIAMI, FL 33233
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <i>Mark Sweet</i>		Date: 6-30-05 (386)575-2001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50059020



06302005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0445791** Applied For Not Applicable

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

Filing Fee is \$61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD <input checked="" type="checkbox"/> Delete
NAME	BORG, MICHAEL
STREET ADDRESS	501 EAST LEMON ST.
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	WHEELER, DAVID
STREET ADDRESS	15 N. LAKESHORE DRIVE
CITY-ST-ZIP	OCOOE, FL 34761
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	PAINTER, TOM
STREET ADDRESS	526 S.W. 5TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	MD <input type="checkbox"/> Delete
NAME	SWEET, MARK
STREET ADDRESS	11 PLATATION RD.
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	MISICKA, EDWARD
STREET ADDRESS	3767 ALL AMERICAN BLVD
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATCHELOR, L.E. (Larry)
STREET ADDRESS	6915 PINE FOREST ROAD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALHOUN, DERYLE
STREET ADDRESS	2434 PEARL STREET NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MISICKA, EDWARD
STREET ADDRESS	3767 ALL AMERICAN BLVD
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAEZ, FROILAN
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *Mark Sweet* Date: 6-30-05 (386)575-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #