


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 13, 2006 8:00 am
Secretary of State

01-17-2006 90269 035 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0445791	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SWEET, MARK ED 11 PLANTATION RD. DEBARY, FL 32713				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 <i>Mark Ed Sweet</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Executive Director		DATE 1-6-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BACHELOR, LE (HARRY) 6915PINE FOREST ROAD PENSACOLA, FL 32526	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALHOUN, DERYLE 2434 PEARL STREET NORTH JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAULDIN, MICKEY 15720 US HIGHWAY 441 EUSTIS, FL 32726-6561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MISICKA, EDWARD 3767 ALLAMERICAN BLVD ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SWEET, MARK 11 PLATATION RD. DEBARY, FL 32713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAEZ, FROILAN 3676 S LEJEUNE ROAD MIAMI, FL 33233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAEZ, FROILAN 3676 S LEJEUNE ROAD MIAMI, FL 33233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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 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 Ed Sweet</i>		DATE 2-6-06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

66001312



01052006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66001318

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

SUNSHINE STATE ONE-CALL OF FLORIDA, INC.
11 PLANTATION RD.
DEBARY, FL 32713 US

Subject: **SUNSHINE STATE ONE-CALL OF FLORIDA, INC.**

Reference Number: **N93000000432**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION

call 2/6/06
rm