


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90067 041 \*\*\*150.00

**DOCUMENT # P02000079339**

1. Entity Name  
**SUNSHINE SECURITY INSURANCE AGENCY, INC.**



Principal Place of Business      Mailing Address


**805 EXECUTIVE CENTER DRIVE WEST**      **805 EXECUTIVE CENTER DRIVE WEST**  
**300**      **300**  
**ST PETERSBURG, FL 33702**      **ST PETERSBURG, FL 33702**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01232006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**11-3644072**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILKEY, KEVIN**  
**805 EXECUTIVE CENTER DRIVE WEST**  
**300**  
**ST PETERSBURG, FL 33702**

**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PCT	<input type="checkbox"/> Delete
NAME	AUER, JOHN F	
STREET ADDRESS	2143 BAYOU GRAND N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MILKEY, KEVIN R	
STREET ADDRESS	605 14TH AVENUE N.E.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2143 Bayou Grande Blvd NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: Kevin Milkey      Date: 1/26/06      Daytime Phone #: 727-821-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR