


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000107797	
1. Entity Name 1ST SUNSHINE FINANCIAL CORPORATION	

Principal Place of Business 1763 TRIBUTORY LANE PORT ORANGE, FL 32128 US	Mailing Address 1763 TRIBUTORY LANE PORT ORANGE, FL 32128 US
--	--

DO NOT WRITE IN THIS SPACE



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3308387	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNES, JOANNE V
1763 TRIBUTORY LANE
PORT ORANGE, FL 32128

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO REEDICH, JOHN F 1763 TRIBUTORY LANE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARNES, JOANNE V 1763 TRIBUTORY LANE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO BARNES, JEFFERY T 1763 TRIBUTORY LANE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000770241
07/24/07-80008-018 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *John F. Reedich* 07/09/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #