

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90119 016 ****61.25

DOCUMENT # N96000001605

1. Entity Name
SUNSHINE AGRICULTURE INCORPORATED



Principal Place of Business
**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308**

Mailing Address
**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308**

40033161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3375053

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODD, DAVID E
1801 HERMITAGE BLVD.
STE. 100
TALLAHASSEE, FL 32308**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BENNETT, DOUGLAS W**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVAS** ☐ Delete
NAME **SMITH, JEFF**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVAT** ☐ Delete
NAME **GRAY, LYNNE M**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **MENEELY, JOHN H**
STREET ADDRESS **801 WARRENVILLE RD., STE. 600**
CITY-ST-ZIP **LISLE, IL**

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **PAUL MARSH**
STREET ADDRESS **801 WARRENVILLE RD STE 150**
CITY-ST-ZIP **LISLE, IL 60532**

TITLE **VS** ☐ Delete
NAME **MCDONALD, JACK**
STREET ADDRESS **2200 ROSS AVE**
CITY-ST-ZIP **DALLAS, TX 75201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ALLISON, CHARLES**
STREET ADDRESS **801 WARRENVILLE RD., STE. 600**
CITY-ST-ZIP **LISLE, IL 60532**

TITLE **PRESIDENT** ☒ Change ☐ 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 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:

Paul Marsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06
Date

623 8101700
Daytime Phone #