

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02132007 No Chg-NP CR2E037 (4/06)

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

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

**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

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, 2007**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **VP**
NAME **MARSH, PAUL**
STREET ADDRESS **801 WARRENVILLE STE 150**
CITY-ST-ZIP **LISLE, IL 60532**

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

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

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03/01/07-80038-024 61.25

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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:

Charles Allison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07
Date

10308101700
Daytime Phone #