

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001605

Entity Name: SUNSHINE AGRICULTURE INCORPORATED**Current Principal Place of Business:**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308**Current Mailing Address:**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308**FEI Number:** 59-3375053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TODD, DAVID E
1801 HERMITAGE BLVD.
STE. 100
TALLAHASSEE, FL 32308 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	SIGRIST, KEVIN
Address	1801 HERMITAGE BLVD., SUITE 600
City-State-Zip:	TALLAHASSEE FL 32308

Title	DVAS
Name	SMITH, JEFF
Address	1801 HERMITAGE BLVD., SUITE 600
City-State-Zip:	TALLAHASSEE FL 32308

Title	DVAT
Name	GRAY, LYNNE M
Address	1801 HERMITAGE BLVD., SUITE 600
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP
Name	MARSH, PAUL
Address	801 WARRENVILLE STE 150
City-State-Zip:	LISLE IL 60532

Title	T
Name	CHRISTOPHER, JAY G
Address	801 WARRENVILLE RD STE 150
City-State-Zip:	LISLE IL 60532

Title	P
Name	ALLISON, CHARLES
Address	801 WARRENVILLE RD., STE. 600
City-State-Zip:	LISLE IL 60532

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER G. JAY**TREASURER****01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date