

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000005417

**Entity Name:** SUNSHINE RESTAURANT CORP

**Current Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779

**Current Mailing Address:**

P.O. BOX 917297  
LONGWOOD, FL 32791 US

**FEI Number:** 56-2370654

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GROSS, ANDREW  
195 WEKIVA SPRINGS ROAD  
SUITE 200  
LONGWOOD, FL 32779 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 CD  
Name GROSS, NORMAN J  
Address P.O. BOX 887  
City-State-Zip: FAIRFAX VA 22038

Title DP  
Name GROSS, ANDREW L  
Address P.O. BOX 917297  
City-State-Zip: LONGWOOD FL 32791

Title DST  
Name GROSS, LAURA  
Address P.O. BOX 917297  
City-State-Zip: LONGWOOD FL 32791

Title D  
Name LOVELACE, KENT  
Address P.O. BOX 1347  
City-State-Zip: GULFPORT MS 39502

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW L GROSS

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08/24/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date