

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 035 ***150.00

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1. Entity Name
SUNSHINE STATE INDUSTRIAL PARK, INC.



Principal Place of Business
**3001 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134**

Mailing Address
**3001 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAXEY, TOM
3001 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES, FL 33134**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAXEY, TOM
STREET ADDRESS	3001 PONCE DE LEON BLVD #200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	SHORT, EUGENE M. JR.
STREET ADDRESS	3001 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	SD
NAME	MAXEY, WIRT T.
STREET ADDRESS	3001 PONCE DE LEON BLVD #200
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

WIRT T. MAXEY, SD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06

Date

305-446-7666

Daytime Phone #