


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 577126</b><br>Entity Name<br><b>SUNSHINE BUILDING AND DEVELOPMENT CORPORATION</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>291 ANCHOR ROAD<br/>CASSELBERRY, FL 32707 US</b> | Mailing Address<br><b>P O BOX 180958<br/>CASSELBERRY, FL 32718 US</b> |
|--|---|



01312006 No Chg-P CR2E034 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-1831001</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

**8. Name and Address of Current Registered Agent**

**BUSH, JOHN T.  
291 ANCHOR ROAD  
CASSELBERRY, FL 32707**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 110000419158<br>02/14/06-80037-001 158.75 |
|---|---|---|

**10. OFFICERS AND DIRECTORS**

|   |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD</b><br>BUSH, JOHN T<br>273 N.E. TRIPLET DR.<br>CASSELBERRY, FL        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br>LAROSA, SUE A<br>3316 PALMWAY DR<br>SANFORD, FL 00000,          |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br>DANIELS, RONNY E.<br>531 HIBISCUS RD.<br>CASSELBERRY, FL         |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD</b><br>BUSH, REBECCA<br>273 N.E. TRIPLET DR.<br>CASSELBERRY, FL 32707 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE 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:**  **John T. Bush** **1/31/06** **407-339-6721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #