

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90036 018 \*\*\*150.00

**DOCUMENT # 615354**

1. Entity Name  
**SUNSHINE DIVERSIFIED INVESTORS, INC.**



Principal Place of Business

415 N. WILDER RD.  
PLANT CITY, FL 33566 US

Mailing Address

PO BOX 1836  
PLANT CITY, FL 33564 US

**94030833**



**DO NOT WRITE IN THIS SPACE**

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1901009**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODERICK, ROBERT L.  
415 N. WILDER RD.  
PLANT CITY, FL 33566

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTSD  
RODERICK, ROBERT L.  
415 N. WILDER RD.  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
RODERICK, ROBERT L.  
415 N. WILDER RD  
PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

**97203**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Robert L. Roderick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-04 813-752-0901**  
Date Daytime Phone #