

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90245 030 ***150.00

DOCUMENT # 814290

1. Entity Name

SUNSHINE STATE CARNATIONS INC



Principal Place of Business

P. O. BOX 573
S.E. GOMEZ AVE.
HOBE SOUND FL 33475

Mailing Address

P. O. BOX 573
S.E. GOMEZ AVE.
HOBE SOUND FL 33475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0852174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRARY, EVANS, JR.
555 COLORADO AVE., STE 1
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME NISSEN, OLE
STREET ADDRESS 855 TURTLE BEACH ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☐ Delete
NAME NISSEN, ELEANOR
STREET ADDRESS 855 TURTLE BEACH ROAD
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE T ☐ Delete
NAME NISSEN, KAREN
STREET ADDRESS 200 HAMPTON PL
CITY-ST-ZIP JUPITER FL 33458

TITLE VP ☐ Delete
NAME NISSEN, PETER
STREET ADDRESS 11863 LAKE SHORE PL
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE VP ☐ Delete
NAME NISSEN, ERIC
STREET ADDRESS 18890 GUMBO LIMBO CT
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OLE NISSEN

4/14-04

772-342-3000