

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 08:00 AM
Secretary of State

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

1st MOORE

CR2E034 (10/04)

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

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

7. Name and Address of New Registered Agent

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, 2005 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	<input type="checkbox"/> Delete
NAME	NISSSEN, OLE	
STREET ADDRESS	855 TURTLE BEACH ROAD	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	NISSSEN, ELEANOR	
STREET ADDRESS	855 TURTLE BEACH ROAD	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	NISSSEN, KAREN	
STREET ADDRESS	200 HAMPTON PL	
CITY - ST - ZIP	JUPITER FL 33458	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NISSSEN, PETER	
STREET ADDRESS	11863 LAKE SHORE PL	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NISSSEN, ERIC	
STREET ADDRESS	18890 GUMBO LIMBO CT	
CITY - ST - ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000276079
CITY - ST - ZIP	03/25/05-80029-004 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(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:

OLE NISSSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26-05

772-546-3000

Date

Daytime Phone #