

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00316

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE CRAFTS DISTRIBUTORS, INC.

**Current Principal Place of Business:**

12335 62ND STREET NORTH  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

12335 62ND STREET NORTH  
LARGO, FL 33773 US

**New Mailing Address:**

**FEI Number:** 59-2029820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROTHSCHILD, DAVID L  
3550 ENTERPRISE RD E  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROTHSCCHILD, DAVID L  
Address: 3550 ENTERPRISE RD E  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD  
Name: ROTHSCCHILD, JAMIE L  
Address: 3550 ENTERPRISE RD E  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID L ROTHSCCHILD

PRES

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date