


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F03000002143</b>	
1. Entity Name HCF OF SUNSHINE GARDENS, INC.	

Principal Place of Business 12080 SW HWY 484 DUNNELLO, FL 34432-6408	Mailing Address 1100 SHAWNEE RD. LIMA, OH 45805
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**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3875390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RUGGLES, THOMAS W ESQ 603 INDIAN ROCKS RD BELLAIR, FL 33756
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**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 reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P UNVERFERTH, JAMES W 1100 SHAWNEE RD LIMA, OH 45805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEV WILDER, R. STEVEN 1100 SHAWNEE RD LIMA, OH 45805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXED TAYLOR, JOHN E 12080 SW HIGHWAY 484 DUNNELLO, FL 344326408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS RINEHART, FRED J 1100 SHAWNEE RD LIMA, OH 45805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, ERNEST W 1100 SHAWNEE RD LIMA, OH 45805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VR FISCHBACH, JOHN T 1100 SHAWNEE RD LIMA, OH 45805

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04/25/05-80145-011 300.00

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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: <u>Fred J. Rinehart</u>	4-15-05	419-999-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone

FRED J. RINEHART  
VP - TAXATION