## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000005417

Entity Name: SUNSHINE RESTAURANT CORP

FILED May 14, 2005 Secretary of State

| •   |  |  |   |  |  |
|---|--|--|---|--|--|
| Current Principal Place of Business:        |  |  | New Principal Place                           | New Principal Place of Business:       |  |
|   | RNBEAM DR<br>OD, FL 32779                              |  |   |  |  |
| Current Mailing Address:                    |  |  | New Mailing Address:                          |  |  |
|   | RNBEAM DR<br>OD, FL 32779                              |  |   |  |  |
| FEI Number:                                 | : 56-2370654   | FEI Number Applied For ( )   | FEI Number Not Applicable ( )                 | Certificate of Status Desired (X)      |  |
| Name and                                    | Address of C   | urrent Registered Agent:   | Name and Address o                            | f New Registered Agent:                |  |
|   | NDREW<br>PRNBEAM DR<br>OD, FL 32779                    | US   |   |  |  |
| The above in the State                      | named entity s<br>e of Florida.                        | ubmits this statement for the p                                      | ourpose of changing its registered            | d office or registered agent, or both, |  |
| SIGNATUR                                    | RE:  |  |   |  |  |
|   | Electroni  | c Signature of Registered Age  | ent   | Date                                   |  |
|   |  | (2)(b), F.S., the corporation did no<br>Trust Fund Contribution ( ). | at receive the prior notice.                  |  |  |
| OFFICERS AND DIRECTORS:                     |  |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | C ()<br>GROSS, NORM<br>249 S VAN DOR<br>ALEXANDRIA, V  | N STREET   | Title:<br>Name:<br>Address:<br>City-St-Zip:   | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DP ()<br>GROSS, ANDRE<br>321 W HORNBE<br>LONGWOOD, F   | AM DR  | Title:<br>Name:<br>Address:<br>City-St-Zip:   | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | DST ()<br>GROSS, LAURA<br>321 W HORNBE<br>LONGWOOD, F  | AM DR  | Title:<br>Name:<br>Address:<br>City-St-Zip:   | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ()<br>LOVELACE, KEI<br>P.O. BOX 1347<br>GULFPORT, MS |  | Title:<br>Name:<br>Address:<br>City-St-Zip:   | ( ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V ()<br>CHAMPION, DO<br>196 TOLLGATE<br>LONGWOOD, F    | TR   | Title: DV Name: CHAMPION, Address: 196 TOLLG/ |  |  |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANDREW L. GROSS DP 05/14/2005