

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 08:00 A
Secretary of State

DOCUMENT # F47596

1. Entity Name
SUNSHINE GROUP LEASING, INC.



Principal Place of Business

**C/O GARY NASH
2101 MORRISON AVE
TAMPA, FL 33606-2433 US**

Mailing Address

**C/O GARY NASH
2101 MORRISON AVE
TAMPA, FL 33606-2433 US**



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2233498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NASH, GARY
2101 MORRISON AVE
TAMPA, FL 33606**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000637115
02/26/07-80047-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	NASH, MICHAEL A
STREET ADDRESS	2101 MORRISON AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	STD
NAME	NASH, GARY
STREET ADDRESS	2101 MORRISON AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	NASH, ARTHUR
STREET ADDRESS	2101 MORRISON AVE
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/13/07 813 253-3191
Date Daytime Phone #