## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT #F47596

1. Entity Name
SUNSHINE GROUP LEASING, INC.



FILED Jan 24, 2008 08:00 Al Secretary of State

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



DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2233498

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

TAMPA, FL 33000			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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NASH, MICHAEL A 2101 MORRISON AVE TAMPA, FL				U00000793193 01/24/08-80038-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NASH, GARY 2101 MORRISON AVE TAMPA, FL					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD NASH, ARTHUR 2101 MORRISON AVE TAMPA, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08

813 253-3191

Daytime Phone #