## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 17, 2005 08:00 AM **Secretary of State** DOCUMENT # F89425 t. Entity Name \_\_\_\_\_ SUNKISS GROVES, INC. Mailing Address Principal Place of Business\_ 2323 SANDY PINE DRIVE 2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 US US 03152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2200265 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAFRON, ELWOOD P DO NOT WRITE 2323 SANDY PINE DRIVE PUNTA GORDA, FL 33982 IN THIS SPACE 5. 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, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE SAFRON, ELWOOD P NAME 2323 SANDY PINE DR. STREET ADORESS U00000266799 CITY-ST-ZIP PUNTA GORDA, FL 03/17/05-80044-012 150.00 DVST TITLE NAME SAFRON, BARBARA ANN STREET ADDRESS 2323 SANDY PINE DRIVE CITY-ST-ZIP PUNTA GORDA, FL 33982 THE MAMS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$1-ZIP NAME STREET ADDRESS CHY-SI-ZIP hitt S. ME STREET ADDRESS



12. I hereby certify that the information supplied with this fiting 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 actives, with all other like empowered.

SUNK LSS CROVES.

SIGNATURE:

Offy-ST-7IP

3/15/05

863-494-4545

Daytime Phone #

**FILED**