


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90043 010 ***150.00

DOCUMENT # F97000000171 1. Entity Name SUNSHINE FOODS OF GEORGIA, INC.	
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Principal Place of Business 895 NORTH SUMMIT ST CRESCENT CITY, FL 32112	Mailing Address PO BOX 156 CRESCENT CITY, FL 32112
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02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2260063	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, BOBBY E % JAY D. ASBURY 234 N. SUMMIT STREET CRESCENT CITY, FL 32112	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 BRYANT, BOBBY E 1478 ROBINWOOD DR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BRYANT, CARRIE LEE 1478 ROBINWOOD DR DELAND, FL 32720
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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>Carrie Lee Bryant</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/23/05</u> <small>Date</small>	<u>386-698-4131</u> <small>Daytime Phone #</small>
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Carrie Lee Bryant