2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 A
Secretary of State

DOCUMENT # F99000000414

1. Entity Name
SUNSHINE DEVELOPMENT PROPERTIES, INC.

Principal Place of Business	Mailing Address
3299 OVERTON TRAIL BIRMINGHAM, AL 35243 US	P O BOX 100612 BIRMINGHAM, AL 35210 US

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1200798
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COFFIELD, P. COLLEEN
1719 S. COUNTY HIGHWAY 393
SANTA ROSA BEACH, FL 32459

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKANE, MARK
STREET ADDRESS	5399 EAST HWY C-30A
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	DV
NAME	LAZARUS, STEVEN E
STREET ADDRESS	3299 OVERTON TRAIL
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	S
NAME	BAKANE, CYNTHIA H
STREET ADDRESS	5399 EAST HWY C-30A
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/12/04 850-231-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #