

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90399 018 \*\*\*150.00

**DOCUMENT # G03554**

1. Entity Name  
**SUNSHINE PROPERTIES INTERNATIONAL, INC.**



Principal Place of Business  
**104 E.NINE MILE ROAD  
PENSACOLA FL 32534**

Mailing Address  
**P.O.BOX 15674  
PENSACOLA FL 32514**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2228136**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**WEINER, FRANCES S  
104 E.NINE MILE ROAD  
PENSACOLA FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**P  
MORGAN, JOSEPH F  
PO BOX 754  
CENTURY FL 32535**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**S  
BRETHORST, RHONDA  
1305 W.BUCHANAN, APT 11JT  
CALIFORNIA MO 65018**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**T  
MORGAN, JOSEPH F  
PO BOX 754  
CENTURY FL 32535**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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**DIRECTOR  
DOUGLAS MORGAN  
611 BULLOCK BLVD.  
NICEVILLE, FL. 32578**

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 exemptions contained in Section 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:

**JOSEPH F. MORGAN**

**Joseph F. Morgan** **MARCH 27-06** **1-850 496-0111**

Date

Daytime Phone #