

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

01-28-2005 90016 009 ***150.00

DOCUMENT # G51783

1. Entity Name
SUNSHINE PEAT, INC.



Principal Place of Business
**6021 BEGGS ROAD
ORLANDO, FL 32810-2600 US**

Mailing Address
**6021 BEGGS ROAD
ORLANDO, FL 32810-2600 US**

40007887



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2311599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MITCHELL, KATHY
6021 BEGGS ROAD
ORLANDO, FL 32810-2600**

**DO NOT WRITE
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 NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ST. JAMES, WILLIAM G
STREET ADDRESS	6021 BEGGS ROAD
CITY-ST-ZIP	ORLANDO, FL 328102600

TITLE	PVD
NAME	FLETCHER, RICHARD L JR
STREET ADDRESS	6021 BEGGS ROAD
CITY-ST-ZIP	ORLANDO, FL 328102600

TITLE	ST
NAME	PICCOLO, DOM
STREET ADDRESS	6021 BEGGS ROAD
CITY-ST-ZIP	ORLANDO, FL 328102600

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secy/TREAS

4/20/05

407-291-1676

Date

Daytime Phone #