2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

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ck # 2364

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1. Entity Name

SUNSHINE NYLON PRODUCTS, INC.

Principal Place of Business	Mailing Address
16101 FLIGHT PATH DR BROOKSVILLE FL 34604 US	16101 FLIGHT PATH DR BROOKSVILLE FL 34604 US

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	**4.** FEI Number 59-2357201 — Applied For / Not Applicable
Zip Country	Zip Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYNOLDS, HELEN E 16101 FLIGHT PATH DRIVE BROOKSVILLE FL 34604	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, 2005 Fee Will Be $550.00** Make Check Payable to Florida Department of State		**9.** Election Campaign Financing **$5.00** May Be Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **P** NAME REYNOLDS, HELEN E STREET ADDRESS 16101 FLIGHT PATH DR. CITY-ST-ZIP BROOKSVILLE FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000227861 02/14/05—80015—012 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Helen E Reynolds   2-11-05 352 799 7415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #