


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H14821</b> 1. Entity Name <b>SUNNYSIDE SPECIALTIES, INC.</b>	
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Principal Place of Business % JOHN T. GRIFFIS 106 KNOLLCREST DR LONGWOOD, FL 32779 US	Mailing Address % JOHN T. GRIFFIS 106 KNOLLCREST DR LONGWOOD, FL 32779 US
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01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2433143</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

GRIFFIS, JOHN T.  
106 KNOLLCREST DRIVE  
LONGWOOD, FL 32779

**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, 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 NAME STREET ADDRESS CITY-STATE-ZIP	PTD GRIFFIS, JOHN T. 106 KNOLLCREST DR LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S GRIFFIS, CLAIRE S. 106 KNOLLCREST DR LONGWOOD, FL
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TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-04 407 269 1846