

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14821

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: SUNNYSIDE SPECIALTIES, INC.

## Current Principal Place of Business:

% JOHN T. GRIFFIS  
106 KNOLLCREST DR  
LONGWOOD, FL 32779 US

## Current Mailing Address:

% JOHN T. GRIFFIS  
106 KNOLLCREST DR  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

SUNNYSIDE SPECIALTIES, INC  
106 KNOLLCREST DR  
LONGWOOD, FL 32779 US

## New Mailing Address:

SUNNYSIDE SPECIALTIES, INC  
106 KNOLLCREST DR  
LONGWOOD, FL 32779 US

FEI Number: 59-2433143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE: JOHN T. GRIFFIS

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GRIFFIS, JOHN T.,  
Address: 106 KNOLLCREST DR  
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete  
Name: GRIFFIS, CLAIRE S.,  
Address: 106 KNOLLCREST DR  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: GRIFFIS, JOHN T MR  
Address: 106 KNOLLCREST DR  
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Change ( ) Addition  
Name: GRIFFIS, CLAIRE S MRS  
Address: 106 KNOLLCREST DR  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GRIFFIS

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date