

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23367

FILED
Jul 01, 2004
Secretary of State

Entity Name: SUNSHINE PALMS UNLIMITED, INC.

Current Principal Place of Business:

% CHARLES D. SELLERS
240 W. HWY. 44
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

% CHARLES D. SELLERS
240 W. HWY. 44
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2447274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELLERS, CHARLES D.
240 WEST HWY 44
LEESBURG, FL 34748

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: SELLARS, CHARLES D.,
Address: 1312 CABALLO PLACE
City-St-Zip: LEESBURG, FL

Title: ST () Delete
Name: SELLARS, CHARLES K.,
Address: 2390 EL RANCHO RD.
City-St-Zip: LEESBURG, FL

Title: V () Delete
Name: SELLARS, DARRELL,
Address: 240 W HWY 44
City-St-Zip: LEESBURG, FL

Title: V () Delete
Name: SELLARS, BRADY L.,
Address: 1312 CABALLO PLACE
City-St-Zip: LEESBURG, FL

Title: D () Delete
Name: SELLARS, RUSSELL C.,
Address: 1312 CABALLO PLACE
City-St-Zip: LEESBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES D SELLARS

PRES

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date