## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 01, 2006 08:00 AN DOCUMENT # J27657 1. Entity Name **Secretary of State** SUNSHINE GROWERS, INC. Principal Place of Business Mailing Address S. LEE ROTH P O BOX 6375 3516 HAMILTON ROAD LAKELAND FL 33807 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 1st MOORE CR2E034 (10/05) City & State City & State Applied For 59-2699239 Not Applicable Zip Country $Z_{i}p$ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTH, S. LEE Street Address (P.O. Box Number is Not Acceptable) 3516 HAMILTON ROAD LAKELAND FL 33811 City 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 Supplied when a project name of registered agent and blic if applicable (NOTE: Registered Agent signature required when revisialing) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TI 11. IIILE TITLE ☐ Change ☐ Delete Addition NAME ROTH, S. LEE HALAF IM0000452106 STREET ADDRESS STREET AODRESS 3516 HAMILTON ROAD 03/11/06-80013-015 150.00 CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROTH, CRAIG H. STREET ADDRESS 3516 HAMILTON RD. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LAKELAND FL TITLE Delete: ☐ Change ■ Addition. DV ROTH, SCOTT L. STREET ADDRESS STREET ADDRESS 3516 HAMILTON RD CITY-ST-ZIP CITY - ST- ZIP LAKELAND FL TITLE D\$ ☐ Detete ☐ Change Addition TITLE ROTH, JULIE J NAME NAME STREET ADDRESS 3516 HAMILTON RD. STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Change Delete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 ampowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: