

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000396

FILED  
Aug 04, 2008  
Secretary of State

**Entity Name:** SUNSHINE STATE CHEVELLES, INC.

**Current Principal Place of Business:**

3917 BENT GRASS RD.  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

3917 BENT GRASS RD.  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 90-0087000      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CONOVER, CHRISTOPHER  
3917 BENT GRASS RD.  
JACKSONVILLE, FL 32210      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CONOVER, CHRISTOPHER  
Address: 3917 BENT GRASS RD.  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S      (X) Delete  
Name: MATUSZAK, MICHAEL  
Address: 1366 EASTWIND DR.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T      ( ) Delete  
Name: LABARBERA, RANDY  
Address: 15731 NORTHSIDE DR. E.  
City-St-Zip: JACKSONVILLE, FL 32218

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY LABARBERA

T

08/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date