

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90200 014 ****70.00

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04202004 Chg-NP CR2E037 (10/03)

DOCUMENT # N41881 1. Entity Name SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATED					
Principal Place of Business 155 23RD AVENUE SE ST. PETERSBURG, FL 33705 US			Mailing Address 155 23RD AVENUE SE ST. PETERSBURG, FL 33705 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, NORA 155 23RD AVENUE S.E. ST. PETERSBURG, FL 33705			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	A <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARTON, SHARON		NAME	Warren, Sharon	
STREET ADDRESS	PO BOX 1999		STREET ADDRESS	P.O. Box 1999	
CITY-ST-ZIP	LAKELAND, FL 338021999		CITY-ST-ZIP	Lakeland, FL 33802-1999	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLER, DON		NAME	Reg Roberts	
STREET ADDRESS	12712 CANDLEWOOD WAY		STREET ADDRESS	P.O. Box 116	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	Bay Pines, FL 33804-0116	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASMUND, DAVID		NAME		
STREET ADDRESS	9601 N WILLOW AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILDEBRANT, ALICE		NAME		
STREET ADDRESS	3401 ELKRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLER, BARB		NAME	Smith, David	
STREET ADDRESS	12712 CANDLEWOOD WAY		STREET ADDRESS	155 23rd Ave S.E.	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	ST. Pete, FL 33705	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOEING, LINDA		NAME		
STREET ADDRESS	4540 SLIPPERY ROCK RD		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nora Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/20/04</i> Daytime Phone #: <i>727 823-6686</i>		