

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41881

FILED
Jan 05, 2005
Secretary of State

Entity Name: SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATED

Current Principal Place of Business:

155 23RD AVENUE SE
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

155 23RD AVENUE SE
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, NORA
155 23RD AVENUE S.E
ST. PETERSBURG, FL 33705 US

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WARREN, SHARON
Address: PO BOX 1999
City-St-Zip: LAKE LAND, FL 338021999

Title: D () Delete
Name: ROBERTS, REY
Address: P.O. BOX 116
City-St-Zip: BAY PINES, FL 335040116

Title: D () Delete
Name: WASMUND, DAVID
Address: 9601 N WILLOW AVE
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: HILDEBRANT, ALICE
Address: 3401 ELK RIDGE DR
City-St-Zip: HOLIDAY, FL

Title: D () Delete
Name: SMITH, DAVID
Address: 155 23RD AVE S.E.
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: BOEING, LINDA
Address: 4540 SLIPPERY ROCK RD
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ROBERTS, REG
Address: P.O. BOX 116
City-St-Zip: BAY PINES, FL 335040116

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

SIGNATURE: NORA SMITH

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date