


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001605**  
 1. Entity Name  
**SUNSHINE AGRICULTURE INCORPORATED**



Principal Place of Business      Mailing Address  
**1801 HERMITAGE BLVD., SUITE 600**      **1801 HERMITAGE BLVD., SUITE 600**  
**TALLAHASSEE, FL 32308**      **TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-3375053</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**TODD, DAVID E**  
**1801 HERMITAGE BLVD.**  
**STE. 100**  
**TALLAHASSEE, FL 32308**

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**      **\$5.00 May Be**  
 Trust Fund Contribution.            **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFF 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENEELY, JOHN H 801 WARRENVILLE RD., STE. 600 LISLE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCDONALD, JACK 2200 ROSS AVE DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLISON, CHARLES 801 WARRENVILLE RD., STE. 600 LISLE, IL 60532

000000028685  
 02/04/04-80095-021 61.25

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**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:** *John Meneely*      **1-28-04**      **630-829-4670**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Celltime Phone #