

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001605

1. Entity Name

SUNSHINE AGRICULTURE INCORPORATED



Principal Place of Business

**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308**

Mailing Address

**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE, FL 32308**



01312005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3375053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

00000215450

02/05/05-60003-015 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BENNETT, DOUGLAS W
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY, ST, ZIP TALLAHASSEE, FL 32308

TITLE DVAS
NAME SMITH, JEFF
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY, ST, ZIP TALLAHASSEE, FL 32308

TITLE DVAT
NAME GRAY, LYNNE M
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY, ST, ZIP TALLAHASSEE, FL 32308

TITLE P
NAME MENEELY, JOHN H
STREET ADDRESS 801 WARRENVILLE RD., STE. 600
CITY, ST, ZIP LISLE, IL

TITLE VS
NAME MCDONALD, JACK
STREET ADDRESS 2200 ROSS AVE
CITY, ST, ZIP DALLAS, TX 75201

TITLE V
NAME ALLISON, CHARLES
STREET ADDRESS 801 WARRENVILLE RD., STE. 600
CITY, ST, ZIP LISLE, IL 60532

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Meneely
JOHN MENEELY 1-31-05 630 810-1700
Date Daytime Phone #