



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

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002615		
1. Entity Name SUNSHINE GUARDIANS, INC.		
Principal Place of Business 5024 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652		Mailing Address PO BOX 30 NEW PORT RICHEY, FL 34656-0030 US
DO NOT WRITE IN THIS SPACE		
		 04182005 No Chg-NP CR2E037 (10/03)
4. FEI Number 59-3507838		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HASELHUHN, DORIS 5024 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652		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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	VTSD	
NAME	HASELHUHN, DORIS	
STREET ADDRESS	3952 DEL RIO AVE.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	PD	
NAME	VOIGT, MARGRET	
STREET ADDRESS	7704 SYLVAN DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	
NAME	BOYKO, RICHARD A EA	
STREET ADDRESS	6224 KELLER DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: <u>Doris Haselhuhn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/19/2005 (727) 848-2929