2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002615

1. Entity Name
SUNSHINE GUARDIANS, INC.

Principal Place of Business	Mailing Address
5024 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652	PO BOX 30 NEW PORT RICHEY, FL 34656-0030 US

01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3507838
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HASELHUHN, DORIS
5024 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80083-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Doris Haselhuhn 01/06/2006 (727)848-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Doris Haselhuhn