

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004789

1. Entity Name
THE FLORIDA SUNSHINE POPS, INC.



Principal Place of Business
**1420 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444**

Mailing Address
**85 SE 4TH AVE
104
DELRAY BEACH, FL 33483**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0937204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERRER, JOSEPH
1420 NORTH SWINTON AVENUE
DELRAY BEACH, FL 33444**

**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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERRER, JOSEPH
STREET ADDRESS 1420 NORTH SWINTON AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE TD
NAME CALELLO, CHARLES
STREET ADDRESS 23368 MIRABELLA CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME CAVENDISH, TOM
STREET ADDRESS 12037 N.W. 1ST STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE D
NAME HAYMAN, RICHARD
STREET ADDRESS 4200 NORTH OCEAN DRIVE
CITY-ST-ZIP SINGER ISLAND, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000345708
05/30/08-80019-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #