

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000090778**

1. Entity Name  
**SUNSHINE WILDLIFE TOURS, INC.**



Principal Place of Business

**5000 SE FED HWY  
LOT 3301  
STUART, FL 34997**

Mailing Address

**P.O. BOX 1337  
STUART, FL 34995**



04082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1044839</b>	Applied For <input type="checkbox"/> 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

**KLEIN, DEBRA L  
413 SW CALIFORNIA AVE  
STUART, FL**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BEAVER, NANCY J  
5000 SW FED HWY, LOT 3301  
STUART, FL 34997**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPST  
BISCHOFF, TERENCE  
13325 MAPLE WOOD RD  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ELLIOT, REBECCA  
3089 SE LIME TREE TERR  
STUART, FL 34997**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000318586  
04/20/05-80065-008 150.00

**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)(f), 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 607, 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:**

*Nancy J. Beaver*  
**Nancy J. Beaver**  
president

**4/16/05 772-219-0148**

Date

Daytime Phone #