


**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      Mailing Address  
**5000 SE FED HWY**      **P.O. BOX 1337**  
**LOT 3301**      **STUART, FL 34995**  
**STUART, FL 34997**

**DO NOT WRITE IN THIS SPACE**



04082005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-1044839</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (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
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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*    *4/16/05*    *772-219-0148*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*president*