

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066454

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: SUNSHINE TECHNOLOGIES, INC.

## Current Principal Place of Business:

5611 3RD AVENUE  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

5611 3RD AVENUE  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number: 65-1119579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CATES, MICHELLE D ESQ  
201 FRONT STREET, SUITE 110  
KEY WEST, FL 33040

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAROTTE, PAUL F  
Address: 5611 3RD AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: GROFF, JODY L  
Address: 20844 SECOND AVE W  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: D (X) Delete  
Name: PHILLIPS, MICHAEL A  
Address: PO BOX 430973  
City-St-Zip: BIG PINE KEY, FL 33043

Title: D ( ) Delete  
Name: WILD, JOHN  
Address: 2409 FOGARTY AVE  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MAROTTE, PAUL F  
Address: 5611 3RD AVENUE  
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change ( ) Addition  
Name: GROFF, JODY L  
Address: 20844 SECOND AVE W  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: WILD, JOHN  
Address: 1102 16TH TERRACE  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODY L. GROFF

VP

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date