

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081123

1. Entity Name
**SUNSHINE STATE INVESTMENT AND APARTMENTS,
INC.**



Principal Place of Business
**8945 SHINDLER CROSSING DR.
JACKSONVILLE, FL 32222**

Mailing Address
**8945 SHINDLER CROSSING DR.
JACKSONVILLE, FL 32222**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3754856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLI, WAJAD
8945 SHINDLER CROSSING DR.
JACKSONVILLE, FL 32222**

**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 state if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**PD
ALLI, WAJAD
8945 SHINDLER CROSSING DR.
JACKSONVILLE, FL 32222**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**V
ALI, LEONARD
712 CEDARWOOD COURT
ORLANDO, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
ALI, MOHMOOD
712 CEDARWOOD COURT
ORLANDO, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

000000138384
04/29/04-80077-022 150.00

**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)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2004 (904) 757-9129
Date Daytime Phone #