


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90096 005 ***150.00

DOCUMENT # P02000060679 1. Entity Name SONSHINE PROPERTIES, INC.					
Principal Place of Business 509 BRIAR OAK WAY DELAND, FL 32724			Mailing Address 509 BRIAR OAK WAY DELAND, FL 32724		
2. Principal Place of Business 1011 S. Bay St Suite, Apt. #, etc.		3. Mailing Address 1011 S. Bay St Suite, Apt. #, etc.			
City & State EUSTIS FL		City & State EUSTIS FL		4. FEI Number 04-3681249	
Zip 32726		Country LAKE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRANE, JOIE W. 509 BRIAR OAK WAY DELAND, FL 32724		7. Name and Address of New Registered Agent Name Crane, Joie W Street Address (P.O. Box Number is Not Acceptable) 1011 S. Bay St City EUSTIS FL Zip Code 32726			
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 <u><i>Joie W. Crane</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>7/14/04</i></u>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, ROBERT M <input type="checkbox"/> Delete 509 BRIAR OAK WAY DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richardson, Robert M 1011 S. Bay St EUSTIS FL 32726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete CRANE, JOIE W 509 BRIAR OAK WAY DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Crane Joie W 1011 S. Bay St EUSTIS FL 32726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Joie W. Crane</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>7/14/04</i></u> Date Daytime Phone #		

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