2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000071024



05-01-2006 90364 007 ***150.00 SUNSHINE INVESTMENTS OF SARASOTA, INC. 40073920 Principal Place of Business Mailing Address 4811 COMMONWEALTH ROAD 4811 COMMONWEALTH ROAD PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04102006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FFI Number 01-0730171 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TONITIS, KRISTIE L: Street Address (P.O. Box Number is Not Acceptable) **4811 COMMONWEALTH ROAD** PALMETTO, FL 34221 City Zip Code 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VP Change TITLE Delete TITLE Addition | NAME TONITIS, KRISTIE L MALE 4811 COMMONWEALTH ROAD STREET ADDRESS STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME TONITIS, EDWARD NAME STREET ADDRESS 4811 COMMONWEALTH ROAD STREET ADDRESS PALMETTO, FL 34221 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Channe TITLE TITLE ☐ AdditIon NAME MAME STREET ADDRESS STREET ADDRESS CCTY-ST-ZIP CCTY - ST-ZIP ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 appears, with all other like empowered.

CITY-ST-ZIP

CITY-ST-71P

EDWARD O. FONITIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 01, 2006 8:00 am Secretary of State