

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-12-2006 90168 012 ***150.00

DOCUMENT # P02000135517 1. Entity Name SUNSHINE STATE DEVELOPMENT, INC.			
Principal Place of Business 6100 TURNBURY PARK DR. APT. 13103 SARASOTA, FL 34243		Mailing Address 6100 TURNBURY PARK DR. APT. 13103 SARASOTA, FL 34243	
2. Principal Place of Business <i>6100 Turnbury Park Dr.</i> Suite, Apt. #, etc. APT. 13103 City & State SARASOTA, FL Zip 34243 Country USA		3. Mailing Address <i>6100 Turnbury Park Dr.</i> Suite, Apt. #, etc. APT. 13103 City & State SARASOTA, FL Zip 34243 Country USA	
4. FEI Number APPLIED FOR		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 use if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO FRANCA, ALBILIO 1734 BAHIA STREET SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD FRANCA, ABILIO 6110 TURNBURY PARK DR., APT. 13103 SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FRANCA, MARIE 1734 BAHIA STREET SARASOTA, FL 34239	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
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12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.			
SIGNATURE: <i>Abilio Franca</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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