## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 24, 2005 08:00 AM DOCUMENT # P03000010418 **Secretary of State** 1. Entity Name SUNSHINE HOME REALTY, INC. Principal Place of Business Mailing Address 353 CRYSTAL RIDGE WAY \_ 353 CRYSTAL RIDGE WAY LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 33-1070111 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDSTEIN, RICH Street Address (P.O. Box Number is Not Acceptable) 353 CRYSTÁL RIDGE WAY LAKE MARY FL 32746 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 (NCTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THILE TITLE Change ☐ Delete Addition NAME FELDSTEIN, RICH NAME STREET ADDRESS 353 CRYSTAL RIDGE WAY STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP *ឣ*៰៰៲៶៰៰៰៰៰៰៰ U3/24/35-80001-005 150 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET AGORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 🗀 Change Addition IrTI È NAME STREET ADDRESS STREET ADDRESS CITY ST - 71P CtTY-ST-7IP TITLE ☐ Change Addition | Delete TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CLTY - ST-ZIP TOTLE Delete THUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

Feldstein

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