

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000061554

1. Entity Name
SUNSHINE STATE MOBILE NOTARIES, INC.



Principal Place of Business
3705-11 SW 42ND AVE
GAINESVILLE, FL 32608

Mailing Address
3705-11 SW 42ND AVENUE
GAINESVILLE, FL 32608

FILED
Apr 14, 2006 08:00 AM
Secretary of State



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3761146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARBONE, RAYMOND J
3705-11 SW 42ND AVENUE
GAINESVILLE, FL 32608

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE D
NAME LOCHNER-DUPREE, RAE C
STREET ADDRESS ROUTE 4 BOX 3922
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE D
NAME CARBONE, RAYMOND J
STREET ADDRESS 3705-11 SW 42ND AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE
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1100000508592
04/28/06-80001-019 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-
4-12-06 372-25