


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143883 1. Entity Name SUNSHINE MARKETING, INC.						FILED CLERK OF STATE DIVISION OF CORPORATION 04 MAR 25 PM 4:57	
Principal Place of Business 3060 IRONWOOD DR TALLAHASSEE, FL 32309				Mailing Address 3060 IRONWOOD DR TALLAHASSEE, FL 32309			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 03222004 Chg-P CR2E034 (10/03) 65-1063915			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent SMITH, HARRY 3060 IRONWOOD DR TALLAHASSEE, FL 32309				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 HARRY SMITH <small>Signature, typed or printed name of registered agent and title if applicable.</small>				Harry Smith <small>(NOTE: Registered Agent signature required when reinstating)</small>			
DATE 3/23/04 <small>DATE</small>				9. Election/Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME SMITH, HARRY STREET ADDRESS 3060 IRONWOOD DR CITY-ST-ZIP TALLAHASSEE, FL 32309				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 000031764430 04/05/04--01008--016 **150.00			
TITLE VP <input type="checkbox"/> Delete NAME HOWARD VAN SANT STREET ADDRESS 165 NORMAN DR CITY-ST-ZIP TALL, FL 32304				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SECRETARY <input type="checkbox"/> Delete NAME PUSHPA JAIN STREET ADDRESS 1158 OLD FONT DR CITY-ST-ZIP TALL, FL 32301				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SEC <input type="checkbox"/> Delete NAME BARA L. JAIN STREET ADDRESS 1158 OLD FONT DR CITY-ST-ZIP TALL, FL 32301				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: HARRY SMITH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Harry Smith Pres. 3/23/04 (850) 528-4099 <small>Date Daytime Phone #</small>			