


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90071 037 ***150.00

DOCUMENT # P04000020158	
1. Entity Name FUNSHINE PROPERTIES, INC.	

Principal Place of Business 1807 MASSACHUSETTS AVE. LYNN HAVEN, FL 32444	Mailing Address 1807 MASSACHUSETTS AVE. LYNN HAVEN, FL 32444
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2. Principal Place of Business 6700 Oak Shore Dr Suite, Apt. #, etc. # 308	3. Mailing Address P.O. Box 10402 Suite, Apt. #, etc.
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City & State Panama City FL	City & State Panama City FL
Zip 32404	Zip 32404
Country Bay	Country Bay



09062005 Chg-P CR2E034 (10/03)

4. FEI Number 90-0144737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN ASTEN, CHRIS 1807 MASSACHUSETTS AVE LYNN HAVEN, FL 32444	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6700 Oak Shore Dr # 308 City Panama City FL Zip Code 32404	
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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 	CHRIS VAN ASTEN	PRESIDENT	9/5/05
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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN ASTEN, CHRIS 1807 MASSACHUSETTS AVE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN ASTEN, CHRIS 6700 Oak Shore Dr. #308 Panama City FL 32404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ASTEN, GENE 1320 GARFIELD LITTLE CHUTE WI 54140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ASTEN, MARIE 1320 GARFIELD LITTLE CHUTE WI 54140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN ASTEN, CARRIE 7183 Morrow - Woodville Rd Pleasant Plain, OH 45162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	CHRIS VAN ASTEN	PRESIDENT	9/5/05	(850) 874-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	