

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147253

FILED
Feb 22, 2005
Secretary of State

Entity Name: SUNSHINE BANKSHARES, INC.

Current Principal Place of Business:

4777 CLYDE MORRIS BOULEVARD
PORT ORANGE, FL 32119

New Principal Place of Business:

4777 CLYDE MORRIS BOULEVARD
PORT ORANGE, FL 32129

Current Mailing Address:

4777 CLYDE MORRIS BOULEVARD
PORT ORANGE, FL 32119

New Mailing Address:

4777 CLYDE MORRIS BOULEVARD
PORT ORANGE, FL 32129

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRINN, DENNIS E
4777 CLYDE MORRIS BOULEVARD
PORT ORANGE, FL 32119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRINN, DENNIS E
Address: 3 TOMOKA VIEW DRIVE
City-St-Zip: ORMOND BEACH, FL

Title: D () Delete
Name: CLARK, DOUGLAS A
Address: 2430 DODGE DRIVE
City-St-Zip: DAYTONA BEACH, FL

Title: D (X) Delete
Name: CROUCH, ALAN R
Address: 3792 EMILIA DRIVE
City-St-Zip: DAYTONA BEACH, FL

Title: D (X) Delete
Name: FUDGE, JONATHAN D
Address: 1973 SOUTHCREEK BLVD.
City-St-Zip: DAYTONA BEACH, FL

Title: D (X) Delete
Name: KOREY, ROBERT K
Address: 317 RIO PINAR TRAIL
City-St-Zip: ORMOND BEACH, FL

Title: D (X) Delete
Name: PAYTAS, JAMES W JR
Address: 809 HIGHPOINT DRIVE
City-St-Zip: PORT ORANGE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: BRINN, DENNIS E
Address: 3 TOMOKA VIEW DRIVE
City-St-Zip: ORMOND BEACH, FL

Title: O (X) Change () Addition
Name: RODDY, EDMUND J
Address: 102 OCEAN AIRE TERRACE SOUTH
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS E BRINN

O

02/22/2005

Electronic Signature of Signing Officer or Director

_____ Date