

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90371 011 ***158.75

DOCUMENT # P05000004057

1. Entity Name
SUNFLOWER PRODUCTS, INC.



Principal Place of Business
**9014 LAKE PLACE LANE
TAMPA, FL 33634 US**

Mailing Address
**POST OFFICE BOX 46726
TAMPA, FL 33647 US**



2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 22535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

Zip

33622

Country

04152006

Chg-P

CR2E034 (11/05)

4. FEI Number

76-0788330

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

(NO HYPHEN)

**MELENZ-ROBINSON, SILVIA M
9014 LAKE PLACE LANE
TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name
SILVIA M. MELENZ ROBINSON

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

(Signature) **4.15.06** (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
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPTS
MELENZ-ROBINSON, SILVIA M
P.O. BOX 46726
TAMPA, FL 33634**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DPTS
ROBINSON, SILVIA M. MELENZ
POST OFFICE BOX 22535
TAMPA, FL 33622-2535**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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) **4.15.06** SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.06 813.598.5141

Date

Daytime Phone #

Since May 1, 2006