## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000026483

Address:

City-St-Zip:

LAKELAND, FL 33803

Entity Name: SUNSHINE FORT MEADE PROPERTIES, INC.

FILED Feb 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
Cultent Finicipal Flace Of Business.			New Fillicipal Flace of	New Pillicipal Place of Busiliess:	
3625 BRIDGEFIELD DRIVE LAKELAND, FL 33803			3625 BRIDGEFIELD DR LAKELAND, FL 33803	IVE US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	DGEFIELD DRI D, FL 33803	VE	P.O. BOX 7172 LAKELAND, FL 33807	US	
FEI Number	: 20-4459425	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and Address of	New Registered Agent:	
	LEE )GEFIELD DRI D, FL 33803	VE US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CDT ( ROTH, S. LEE 3625 BRIDGEF LAKELAND, FL		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DP ( ROTH, CRAIG 3625 BRIDGEF LAKELAND, FL	FIELD DR	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( ROTH, SCOTT 3625 BRIDGEF LAKELAND, FL	FIELD DR	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	DS ( ROTH, TERRY 3625 BRIDGER		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: S. LEE ROTH CDT 02/28/2009