

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-08-2007 90008 004 ***158.75

DOCUMENT # P06000031445 1. Entity Name SUNSHINE MEETINGS & EVENTS, INC			
Principal Place of Business 90 OSPREY LANE PALM HARBOR, FL 34683		Mailing Address 90 OSPREY LANE PALM HARBOR, FL 34683	
2. Principal Place of Business - No P.O. Box # 90 OSPREY LN		3. Mailing Address SAME	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PAIM HARBOR, FL		City & State 	
Zip 34683		Zip 	
Country USA		Country 	
4. FEI Number 74-3166877		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRY, CHERYL L 90 OSPREY LANE PALM HARBOR, FL 34683		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: (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BARRY, CHERYL L 90 OSPREY LANE PALM HARBOR, FL 34683	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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:		Date: 3/5/07 727-787-3121	
SIGNATURE NAME TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			