2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2008 8:00 am
Secretary of State
03-10-2008 90065 030 ***150.00

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1. Entity Name
SUNSHINE MEETINGS & EVENTS, INC

66005955

Principal Place of Business	Mailing Address
90 OSPREY LANE PALM HARBOR, FL 34683	90 OSPREY LANE PALM HARBOR, FL 34683

03052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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	7. Name and Address of New Registered Agent
BARRY, CHERYL L 90 OSPREY LANE PALM HARBOR, FL 34683	Name CHERYL L. BARRY-MULLEN 90 OSPREY LN. PALM HARBOR FL 34683

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PVST BARRY-MULLEN CHERYL L. 90 OSPREY LANE PALM HARBOR, FL. 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRY, CHERYL L 90 OSPREY LANE PALM HARBOR, FL 34683	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Cheryl Barry-Mullen 3-5-08 727-420-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #