

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90033 037 \*\*\*150.00

<b>DOCUMENT # P06000050817</b> 1. Entity Name <b>SUNSHINE BUILDERS SUPPLY, INC.</b>			
Principal Place of Business <b>P.O. BOX 547844</b> <b>ORLANDO, FL 32854-7844</b>		Mailing Address <b>P.O. BOX 547844</b> <b>ORLANDO, FL 32854-7844</b>	
2. Principal Place of Business - No P.O. Box # <b>100 N Tampa Ave</b>		3. Mailing Address <b>100 N. Tampa Ave</b>	
Suite, Apt. #, etc. <b>Ste 3500</b>		Suite, Apt. #, etc. <b>Ste 3500</b>	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>	
Zip <b>33602</b>		Zip <b>33602</b>	
Country 		Country 	
6. Name and Address of Current Registered Agent  <b>GISCLAIR, CASSIE L ESQ</b> <b>100 N TAMPA ST</b> <b>STE 3500</b> <b>TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 resigning) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>President</b> NAME <b>Gerald Christopher Grennan</b> STREET ADDRESS <b>1008 Jackson Creek Ct</b> CITY-ST-ZIP <b>Orlando, FL 32765</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>R. S. Elliott</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

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04032007 Chg-P CR2E034 (12/08)

4. FEI Number **20-4599254** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required