


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 018 ***158.75

DOCUMENT # P06000147438 1. Entity Name SONSHINE PROPERTIES OF VERO, INC.					
Principal Place of Business 557 24TH AVENUE VERO BEACH, FL 32962			Mailing Address 557 24TH AVENUE VERO BEACH, FL 32962		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 529 24th Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Vero Beach		4. FEI Number 20-8559023	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip FL		Country 32962		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERSON, JOHN A 557 24TH AVENUE VERO BEACH, FL 32962				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 <u>John A. Pierson</u> <u>John A. Pierson</u> DATE <u>2-4-08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agents signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D PIERSON, JOHN A 557 24TH AVENUE VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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 807, 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>John A. Pierson</u> <u>John A. Pierson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>			Date <u>2-4-08</u> (772) 770-6442 <small>Daytime Phone #</small>		