

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-02-2008 90123 049 ***150.00

DOCUMENT # P06000151186 1. Entity Name SUNFLOWERFOLIOS COMPANY, INC.			
Principal Place of Business 9014 LAKE PLACE LANE TAMPA, FL 33634		Mailing Address POST OFFICE BOX 22535 TAMPA, FL 33622	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SUNFLOWER PRODUCTS, INC. 9014 LAKE PLACE LANE TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number 84-1721005	
SIGNATURE:		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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	PRES ROBINSON, PHR, SILVIA M MENDEZ POST OFFICE BOX 22535 TAMPA, FL 33622535	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
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
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
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:		Date: 4/30/08	

ATTACHMENT



66013790

Silvia M. Mendez Robinson
Sunflowerfolios Company, Inc.
Post Office Box 22535
Tampa, FL 33622-2535

June 2, 2008

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Subject: Sunflowerfolios Company, Inc.
Reference Number: P06000151186

Dear Annual Reports Department:

Please find the enclosed a copy of the 2008 For Profit Corporation Annual Report Form completed with the employer identification number. I apologize for any inconvenience this may have caused.

Thank you for your attention to this matter.

Sincerely,

Silvia M. Mendez Robinson
Enclosure