

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 026 ***150.00

DOCUMENT # P07000059006
 1. Entity Name
SUNSHINE LAKELAND PROPERTIES, INC.



Principal Place of Business
**3625 BRIDGEFIELD DRIVE
 LAKELAND FL 33803**

Mailing Address
**3625 BRIDGEFIELD DRIVE
 LAKELAND FL 33803**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 7172
 Suite, Apt. #, etc.
Lakeland

1st MOORE CR2E034 (10/07)

City & State
Florida

4. FEI Number
26-0232395

Applied For
 Not Applicable

Zip
33807

Country
Polk

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

6. Name and Address of Current Registered Agent

ROTH, LEE
3625 BRIDGEFIELD DRIVE
LAKELAND FL 33803

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S. Lee Roth - Treasurer <input type="checkbox"/> Delete 3625 Bridgefield Dr. Lakeland, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input type="checkbox"/> Delete Craig H. Roth Same |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V-P <input type="checkbox"/> Delete SCOTT L. ROTH Same |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input type="checkbox"/> Delete Terry W. Roth Same |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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 Section 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: Lee Roth S. Lee Roth **4/14/08** **863-647-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR