


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000034683	
1. Entity Name SUNNY'S BP, INC.	

Principal Place of Business 11960 S. HWY 301 BELLEVIEW, FL 34420 US	Mailing Address 11960 S. HWY 301 BELLEVIEW, FL 34420 US
---	---



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3241282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHAH, RASKIN 1760 CHENEY HWY TITUSVILLE, FL 32780

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**U000000196264
01/26/05-80063-002 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHETH, NILESH C 3465 SE 54TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAH, SUNIL 702 SMITH STREET FRUITLAND PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHETH, NEETA 3465 SE 54TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAH, MEETA S 702 SMITH ST. FRUITLAND PARK, FL 36731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **01.23.05 352-624-2763**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #