2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000016739

1. Entity Name
SUNSHINE MARKETING OF N.E. FL, INC.

Principal Place of Business	Mailing Address
1124 POPOLEE ROAD	1124 POPOLEE ROAD
JACKSONVILLE, FL 32259	JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

03042005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3303563		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, DARLENE F
1124 POPOLEE ROAD
JACKSONVILLE, FL 32259

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

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	

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	MARSHALL, DARLENE
STREET ADDRESS	1124 POPOLEE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	V
NAME	HALL, HESPER
STREET ADDRESS	1807 ANGELISA TR.
CITY-ST-ZIP	MARIETTA, GA 30062

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04/18/05-80123-011 150.00

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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: Darlene Marshall   4-15-05   9042870420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #