

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91000 042 \*\*\*150.00

**DOCUMENT # P96000001774**

1. Entity Name

SONSHINE PETS, INC.



Principal Place of Business

3184 GULF BREEZE PKWY  
GULF BREEZE FL 32563  
US

Mailing Address

3184 GULF BREEZE PKWY  
GULF BREEZE FL 32563  
US

94060000



MOORE CR2E034 (11/03)

2. Principal Place of Business

3180 Gulf Breeze Pkwy

Suite, Apt. #, etc.

N/A

3. Mailing Address

SAME

Suite, Apt. #, etc.

N/A

City & State

Gulf Breeze FL

City & State

SAME

4. FEI Number

59-3353318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWCOMBE, FREDERICK J.  
1414 LITTLE DUCK CIR.  
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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

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, 2004 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 PD. ☐ Delete

NAME NEWCOMBE, FREDERICK J

STREET ADDRESS 1414 LITTLE DUCK CIR.

CITY-ST-ZIP GULF BREEZE FL 32563

TITLE STD ☐ Delete

NAME NEWCOMBE, BRENDA K

STREET ADDRESS 1414 LITTLE DUCK CIR.

CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:** BRENDA K. NEWCOMBE Brenda K Newcomb 4-23-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-  
932-  
2185