

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000023485

Entity Name: SUNSHINE PROMOTIONS, INC.

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13443 ASHFORD WOOD CT.W.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

13443 ASHFORD WOOD CT.W.  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-3434058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHULTZ, CHAD  
112 E. ADAMS ST.  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

SHULTZ, CHAD  
10906 PADDINGTON WAY  
JACKSONVILLE, FL 32219 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: PIKE, LYNN R  
Address: 13443 ASHFORD WOOD CT.W.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MR.  
Name: PIKE, TIMOTHY  
Address: 13443 ASHFORD WOOD CT.W.  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LYNN R. PIKE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS.

03/28/2011

\_\_\_\_\_  
Date