


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P97000046975</b>                    |  |
| <b>1. Entity Name</b><br>SUNSHINE LEASING COMPANY |   |

|   |  |
|---|--|
| <b>Principal Place of Business</b><br>3625 BRIDGEFIELD DR.<br>LAKELAND FL 33803 | <b>Mailing Address</b><br>P.O. BOX 7172<br>LAKELAND FL 33807 |
|---|--|



|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

1st MOORE

CR2E034 (10/05)

|                                    |  |
|------------------------------------|--|
| <b>4. FEI Number</b><br>59-3450296 | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>ROTH, LEE<br>3625 BRIDGEFIELD DR.<br>LAKELAND FL 33803 |
|--|

|  |             |
|--|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| <b>10. OFFICERS AND DIRECTORS</b>                         |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>CDT</b><br>ROTH, S LEE<br>3625 BRIDGEFIELD DR<br>LAKELAND FL 33803 <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DP</b><br>ROTH, CRAIG H<br>3625 BRIDGEFIELD DR<br>LAKELAND FL 33803 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DV</b><br>ROTH, SCOTT L<br>3625 BRIDGEFIELD DR<br>LAKELAND FL 33803 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DS</b><br>ROTH, TERRY W<br>3625 BRIDGEFIELD DR<br>LAKELAND FL 33803 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |  |
|--|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Add |

UN00000442213  
03/24/06-80000-025-150.00

**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 1 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** S. Lee Roth S. Lee Roth 2/17/06 863-647-5501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #