

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000053058

1. Entity Name
SUNSHINE FOLIAGE WORLD, INC.



Principal Place of Business
**2060 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890**

Mailing Address
**P.O. BOX 328
ZOLFO SPRINGS, FL 33890**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3467324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMBERT, EDWARD W
2060 STEVE ROBERTS SPECIAL
ZOLFO SPRINGS, FL 33890**

**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 _____

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	LAMBERT, BILLY M
STREET ADDRESS	753 DAFFODIL ST
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	DST
NAME	LAMBERT, AMELIA P
STREET ADDRESS	753 DAFFODIL ST
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	DV
NAME	LAMBERT, EDWARD W
STREET ADDRESS	2721 BAILES RD
CITY- ST- ZIP	ZOLFO SPRINGS, FL 33890
TITLE	DV
NAME	LAMBERT, DOUGLAS K
STREET ADDRESS	2060 STEVE ROBERTS SPECIAL
CITY- ST- ZIP	ZOLFO SPRINGS, FL 33890
TITLE	DV
NAME	BROWN, CYNTHIA L
STREET ADDRESS	11346 SE SHELPER AVE
CITY- ST- ZIP	ARCADIA, FL 34266
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000946813
05/30/08-8006S-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 863-735-0501

Date

Daytime Phone #