

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053058

Entity Name: SUNSHINE FOLIAGE WORLD, INC.

FILED  
Jan 05, 2009  
Secretary of State

## Current Principal Place of Business:

2060 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 328  
ZOLFO SPRINGS, FL 33890

## New Mailing Address:

FEI Number: 59-3467324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: LAMBERT, BILLY M  
Address: 753 DAFFODIL ST  
City-St-Zip: LAKE PLACID, FL 33852

Title: DST ( ) Delete  
Name: LAMBERT, AMELIA P  
Address: 753 DAFFODIL ST  
City-St-Zip: LAKE PLACID, FL 33852

Title: DV ( ) Delete  
Name: LAMBERT, EDWARD W  
Address: 2721 BAILES RD  
City-St-Zip: ZOLFO SPIRNGS, FL 33890

Title: DV ( ) Delete  
Name: LAMBERT, DOUGLAS K  
Address: 2060 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: DV ( ) Delete  
Name: BROWN, CYNTHIA L  
Address: 11346 SE SHELFER AVE  
City-St-Zip: ARCADIA, FL 34266

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: LAMBERT, COLON L  
Address: 3045 OAKS BEND  
City-St-Zip: BOWLING GREEN, FL 33834

Title: DP (X) Change ( ) Addition  
Name: LAMBERT, EDWARD W  
Address: 2721 BAILES RD  
City-St-Zip: ZOLFO SPIRNGS, FL 33890

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: COLON LAMBERT

ST

01/05/2009

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

\_\_\_\_\_  
Date