2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000000807

1. Entity Name
SUNSHINE TOYS & COLLECTIBLES INC.

Principal Place of Business	Mailing Address
1665 N OLD DIXIE HWY STE 1 JUPITER, FL 33469	1665 N. OLD DIXIE HWY 1 JUPITER, FL 33469 US

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
65 0805875

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHINDOLL, LEISA D
1665 N. OLD DIXIE HWY, STE. 1
JUPITER, FL 33469

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 _____ DATE _____
Signature, type or printed name of registered agent and title if officer. (NOTE: Required when changing registered agent.)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SHINDOLL, WAYNE
STREET ADDRESS	1665 N OLD DIXIE HWY 1
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	OP
NAME	SHINDOLL, LEISA
STREET ADDRESS	1665 N OLD DIXIE HWY 1
CITY-ST-ZIP	JUPITER, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80032-015 150.00

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 asterisk, with all other like empowered.

SIGNATURE: Leisa D Shindoll 3-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date