

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90119 025 ***150.00

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1. Entity Name

54TH AVENUE SUNSHINE PETRO, INC.



Principal Place of Business

6201 54TH AVENUE N.
ST. PETERSBURG, FL 33709-1701

Mailing Address

6201 54TH AVENUE N.
ST. PETERSBURG, FL 33709-1701



04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3521099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IMSEIS, NICOLA Y
6201 54TH AVENUE N.
ST. PETERSBURG, FL 33709-1701

**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, 2004 Fee will be \$550.00

-9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME IMSEIS, NICOLAS Y
STREET ADDRESS 6201 54TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG, FL 337091701

TITLE V
NAME IMSEIS, JOSEPH N
STREET ADDRESS 6201 54TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 337091701

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

**DO NOT WRITE
IN THIS SPACE**

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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicola Imseis

4/26/04

Date

Daytime Phone # _____