

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90076 038 ***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

DO NOT WRITE IN THIS SPACE



02232005 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**

6. Name and Address of Current Registered Agent

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

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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, 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 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

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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: Nicola Imseis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05

Date

Daytime Phone #