


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000060665**  
 1. Entity Name  
 54TH AVENUE SUNSHINE PETRO, INC.



Principal Place of Business      Mailing Address  
 6201 54TH AVENUE N.      6201 54TH AVENUE N.  
 ST. PETERSBURG, FL 33709-1701      ST. PETERSBURG, FL 33709-1701

**DO NOT WRITE IN THIS SPACE**



02262007    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-3521099	Applied For Not Applicable
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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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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST IMSAIS, JAMES N 4328 BRANDON RIDGE DR. VALRICO, FL 335945556
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**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: Johnny W. Isaacs      3/15/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #