



Second

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000060665					
1. Entity Name 54TH AVENUE SUNSHINE PETRO, INC.				FILED 07 JUL 19 AM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 6201 54TH AVENUE N. ST. PETERSBURG, FL 33709-1701		Mailing Address 6201 54TH AVENUE N. ST. PETERSBURG, FL 33709-1701			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-3521099	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Jack Imseis Street Address (P.O. Box Number is Not Acceptable) 6201-54th Avenue North City St. Petersburg FL Zip Code 33709	
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 <u>JACK Imseis</u> 7/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST IMSAIS, JAMES N 4328 BRANDON RIDGE DR. VALRICO, FL 335945556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600106639576 07/24/07--01051--015 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. /D Joseph Imseis 2560-62nd Avenue North #236 St. Petersburg, Florida 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Jack Imseis 9905-66th Way North Pinellas Park, Florida 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Rjohn Imseis 705 Bayside Drive Tarpon Springs, Florida 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Imseis 4328 Brandon Ridge Drive Valrico, Florida 33595 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jamal Imseis 4328 Brandon Ridge Drive Valrico, Florida 33595 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 9/11/07		
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: <u>Joseph N Imseis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7-5-07 722 252-9060 <small>Date Daytime Phone #</small>	