2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 AN Secretary of State

ANNUAL REPORT				1viai 51, 2000 00.0			
DOCUMENT # P98000060665				2	Secretary of Si	ta	
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	. 10#/10#1	/D (8/2) YJIY BRIII BRIII BRII	BB -B -B -B -B -B -B -B		
	•						
DO NOT WRITE IN THIS SPACE			03242008	03242008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For			
			59-352		Not Applicab \$8.75 Additional Fee Required	le	
6. Name and Address of Curre	nt Registered Agent					_	
IMSAIS, JAMES N 4328 BRANDON RIDGE DRIVE VALRICO, FL 33594			IN.	NOT W THIS SP	ACE		
The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age.		ered office or regist		oth, in the State of Flo	rida. I am familiar with, and accep	ī	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550	9. Election Campaign Fina 7.00 Trust Fund Contribution	ancing \$	5.00 May Be ided to Fees				
10. OFFICERS AN	D DIRECTORS	_	**	סממממט	873421	٦	
TITLE DPST		•		04/10/03	80078-002 150.00		
NAME IMSAIS, JAMES N					,		
STREET ADDRESS 4328 BRANDON RIDGE DR.							
CITY-ST-ZIP VALRICO, FL 335945556		_ i					
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CITY-ST-ZIP			•			- 1	
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CITY-ST-ZIP							
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NAME STREET ADDRESS		, T					
City-St-Zip			•	•			
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NAME				•			
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TITLE			•		. •	- [

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 approvered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

Daytime Phone #