

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90295 012 \*\*\*158.75

**60026015**



04052006 Chg-P CR2E034 (11/05)

**DOCUMENT # P99000042155**

1. Entity Name  
**SUNSHINE STATE FARMS, INC.**



Principal Place of Business  
**113 VANN CIRCLE  
PAXTON, FL 32538**

Mailing Address  
**PO BOX 5056  
IMMOKALEE, FL 34143**

2. Principal Place of Business  
**13 VANN CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 527**  
Suite, Apt. #, etc.

City & State  
**PAXTON FL.**  
Zip  
**32538** Country  
**U.S.A.**

City & State  
**PAXTON FL.**  
Zip  
**32538** Country  
**U.S.A.**

4. FEI Number  
**59-3574523** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROBERTS, JUDY R  
113 VANN CIRCLE  
PAXTON, FL 32538**

7. Name and Address of New Registered Agent  
Name  
**ROBERTS, JUDY R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**13 VANN CIRCLE**  
City  
**PAXTON** FL Zip Code  
**32538**

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 **Judy R. Roberts**  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-5-06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	<b>D ROBERTS, JUDY R PO BOX 5056 IMMOKALEE, FL 34143</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERTS, JUDY R. P.O. Box 527 PAXTON, FL 32538</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Judy R. Roberts**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-06 239-860-3553**  
Date Daytime Phone #