


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90004 032 ***158.75

DOCUMENT # P99000042155		
1. Entity Name SUNSHINE STATE FARMS, INC.		

Principal Place of Business 13 VANN CIR PAXTON, FL 32538	Mailing Address PO BOX 527 PAXTON, FL 32538
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2. Principal Place of Business - No P.O. Box # ATTN: GUY WHITESMAN Suite, Apt. #, etc. 1715 Monroe Street	3. Mailing Address P.O. Box 60497 Suite, Apt. #, etc.
City & State Ft. Myers, FL	City & State FT. MYERS, FL
Zip 33901	Country U.S.A.



05212007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3574523	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS, JUDY R 13 VANN CIR PAXTON, FL 32538	
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7. Name and Address of New Registered Agent Name JUDY R. ROBERTS Street Address (P.O. Box Number is Not Acceptable) ATTN: GUY WHITESMAN 1715 MONROE STREET City FT. MYERS FL Zip Code 33901	
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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 <u>Judy R. Roberts</u> DATE <u>6-4-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JUDY R PO BOX 527 PAXTON, FL 32538 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY R. ROBERTS D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ATTN: GUY WHITESMAN 1715 MONROE STREET FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.	
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SIGNATURE: <u>Judy R. Roberts</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>6-4-07</u>	Daytime Phone # <u>239-860-3553</u>
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