

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90231 039 ***158.75

DOCUMENT # S07101

1. Entity Name

SUNSHINE EVENTS, INC.



Principal Place of Business

75 NE 6TH AVENUE
SUITE 214
DELRAY BEACH FL 33483
US

Mailing Address

75 NE 6TH AVENUE
SUITE 214
DELRAY BEACH FL 33483
US

14008362



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1120 S Federal Hwy Suite 200
Suite, Apt. #, etc.

3. Mailing Address

1120 S Federal Hwy Suite 200
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3037457

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZENGAGE, JIM
75 NE 6TH AVENUE
STE 214
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

1120 S Federal Hwy Suite 200

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DVT
ZENGAGE, KENNETH R
201 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
ZENGAGE, JAMES
75 NE 6TH AVENUE, #214
DELRAY BEACH FL 33483 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1120 South Federal Highway Suite 200

TITLE
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CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Jim Zengage President

4/25/05

Date

278-3100

Daytime Phone #