


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90070 001 ***300.00

DOCUMENT # S76726

1. Entity Name
SUNSHINE BOUQUET COMPANY



Principal Place of Business Mailing Address

8298 N.W. 21ST STREET **P.O. BOX 892**
MIAMI, FL 33126 US **DAYTON, NJ 08810-0892 US**

66401927

2. Principal Place of Business 3. Mailing Address

2019 NW 89th Place **P.O. Box 892**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami FL **Dayton NJ**

Zip Country Zip Country

33172 **USA** **08810-0892** **USA**



02022004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0279476 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
SUITE 1500 CRM
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D/P	<input type="checkbox"/> Delete
NAME	SIMKO, JOHN D.	
STREET ADDRESS	8370 PONCE DE LEON RD	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMKO, KATHLEEN	
STREET ADDRESS	8370 PONCE DE LEON RD	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANHUT, CHRISTOPHER	
STREET ADDRESS	151 SUNSET ROAD	
CITY-ST-ZIP	SKILLMAN, NJ 08558	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, ERIC P	
STREET ADDRESS	3664 HERON RIDGE LANE	
CITY-ST-ZIP	WESTON, FL 33331	
TITLE	V	<input type="checkbox"/> Delete
NAME	REGISTER, STEVEN	
STREET ADDRESS	23-11 RAVEN COURT DRIVE	
CITY-ST-ZIP	PLAINSBORO, NJ 08536	
TITLE	VST	<input type="checkbox"/> Delete
NAME	JOHNSTON, ANDREW S	
STREET ADDRESS	1 LA VALENCIA ROAD	
CITY-ST-ZIP	OLD BRIDGE, NJ 08857	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Bartnap	
STREET ADDRESS	1655 Fairfield Road	
CITY-ST-ZIP	Yardley, PA 19067	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Lane	
STREET ADDRESS	321 S. Hicks Street	
CITY-ST-ZIP	Philadelphia PA 19102	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	lan Grigg	
STREET ADDRESS	19229 S. H. Biscus St.	
CITY-ST-ZIP	Weston FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____