2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90122 013 ***150.00

DOCUMENT # V72434

1. Entity Name
SUNSHINE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
PO BOX 3161 TEQUESTA, FL 33469	PO BOX 3161 TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0368807
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANTWILL, PAULINE T
6 CONCOURSE DRIVE
TEQUESTA, FL 33469

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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 _____ 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, 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	PTD
NAME	MANTWILL, DAVID A.
STREET ADDRESS	6 CONCOURSE DRIVE, POB 3161
CITY-ST-ZIP	TEQUESTA, FL
TITLE	VPSD
NAME	MANTWILL, PAULINE
STREET ADDRESS	6 CONCOURSE DR, P O BOX 3161
CITY-ST-ZIP	TEQUESTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pauline Mantwill 3/15/06 561-746-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #