


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 814266**  
 1. Entity Name  
**SUNSHINE STATE SUPPLY, INC.**



Principal Place of Business 123 FAIRFIELD AVE. JOHNSTOWN, PA 15906 US	Mailing Address 123 FAIRFIELD AVE. JOHNSTOWN, PA 15906 US
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**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0895060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 MACY, WILLIAM  
 2320 BEE RIDGE RD.  
 LOT 146 A  
 SARASOTA, FL 34239

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

000000056254  
 02/19/04-80012-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DRAGOVICH, ANN 123 FAIRFIELD AVE JOHNSTOWN, PA 15906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACY, WILLIAM 2320 BEE RIDGE RD. LOT 146 A SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SHILEY, STANLEY 123 FAIRFIELD AVE JOHNSTOWN, PA 15906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAHAM, MICHELLE R 305 FRANKLIN ST JOHNSTOWN, PA 15901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAST SZEWCZYK, LINDA J 305 FRANKLIN ST JOHNSTOWN, PA 15902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Stanley Shiley STANLEY SHILEY 2-5-04 814 536 3219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #