


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F82656 1. Entity Name SUNSHINE PLUMBING OF SARASOTA, INC.	
---	---

Principal Place of Business 16373 WINBURN DR SARASOTA FL 34240 US	Mailing Address P.O. BOX 1823 SARASOTA FL 34230 US
--	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/06)

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2325031	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent JOHNSON, DAVID 16373 WINBURN DR SARASOTA FL 34240
--

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	
	JOHNSON, DAVID A	16373 WINBURN DR.	SARASOTA, FL		00000	<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete
						<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000601581
01/26/07-80056-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or power 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: DAVID A JOHNSON 1/19/07 Date 941-322-1821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Digitize Phone #