2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90204 047 ***150.00

DOCUMENT # P03000125033

1. Entity Name
SUNSHINE PRODUCTS & SERVICES, INC.

Principal Place of Business	Mailing Address
6112 CHESHIRE LANE ORLANDO FL 32819	~~6112 CHESHIRE LANE~~ ~~ORLANDO FL 32819~~

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 692695
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FLORIDA
Zip / Country	Zip: 32869-2695 / Country: USA

4. FEI Number: 59-3782825 ☐ Applied For ☐ Not Applicable

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
PATTEN, LISA R C/O LISA R. PATTEN, P.A. 6240 DONEGAL DRIVE ORLANDO FL 32819	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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	DV	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BONDS, BENJAMIN II		NAME	BONDS, BENJAMIN H. II	
STREET ADDRESS	6112 CHESHIRE LANE		STREET ADDRESS	6112 CHESHIRE LN.	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE	DST	☒ Delete	TITLE	V, M	☐ Change ☒ Addition
NAME	~~BONDS, REBACCA~~		NAME	BONDS, BENJAMIN H. III	
STREET ADDRESS	6112 CHESHIRE LANE		STREET ADDRESS	6112 CHESHIRE LN	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	ORLANDO, FL. 32819	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: BENJAMIN H. BONDS II [signature] 4-26-04 (407)876-8739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #