

## 2007 FOR PROFIT CORPORATION

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90075 004 \*\*\*150.00

**DOCUMENT # 243344**1. Entity Name  
SUNSHINE ARMATURE WORKS INCPrincipal Place of Business  
P O BOX 656  
1110 S. BOULEVARD  
DELAND, FL 32721Mailing Address  
P O BOX 656  
1110 S. BOULEVARD  
DELAND, FL 32721

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

03282007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-0913134

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

SLAYDON, SARA G  
2278 LK HIRES RD  
~~POB 656, DELAND, FL 32721~~  
DELEON SPRINGS, FL ~~32028~~  
32130 *change*

Name

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

PO Box 147

City DeLeon Springs

FL

Zip Code

32130-0147

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

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 | NAME             | STREET ADDRESS   | CITY-ST-ZIP      | <input checked="" type="checkbox"/> Delete |
|-------|------------------|------------------|------------------|--|
| PSTD  | SLAYDON, PETER G | 1110 S BOULEVARD | DELAND, FL 32720 | <input checked="" type="checkbox"/>        |

| TITLE | NAME                  | STREET ADDRESS     | CITY-ST-ZIP                  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------------|--------------------|------------------------------|--|-----------------------------------|
| P/D   | Russell J. Slaydon Jr | 2278 LAKE HIRES RD | DeLeon Springs FL 32130-0147 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME            | STREET ADDRESS       | CITY-ST-ZIP      | <input checked="" type="checkbox"/> Delete |
|-------|-----------------|----------------------|------------------|--|
| D     | SLAYDON, JANE E | 1110 S WOODLAND BLVD | DELAND, FL 32720 | <input checked="" type="checkbox"/>        |

| TITLE | NAME            | STREET ADDRESS     | CITY-ST-ZIP                  | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------|--------------------|------------------------------|--|-----------------------------------|
| ST/D  | SARA G. SLAYDON | 2278 LAKE HIRES RD | DeLeon Springs FL 32130-0147 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME             | STREET ADDRESS       | CITY-ST-ZIP      | <input checked="" type="checkbox"/> Delete |
|-------|------------------|----------------------|------------------|--|
| VD    | SLAYDON, JOHN R. | 1110 S WOODLAND BLVD | DELAND, FL 32720 | <input checked="" type="checkbox"/>        |

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

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

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|-------|------|----------------|-------------|---------------------------------|
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|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

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

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:

Sara G. Slaydon SARA G. SLAYDON

29 Apr 2007

386-736-6981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #