

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 243344

FILED
Mar 17, 2009
Secretary of State

Entity Name: SUNSHINE ARMATURE WORKS INC

Current Principal Place of Business:

P O BOX 656
1110 S. BOULEVARD
DELAND, FL 32721

New Principal Place of Business:

1110 S. WOODLAND BOULEVARD
DELAND, FL 32720

Current Mailing Address:

P O BOX 656
1110 S. BOULEVARD
DELAND, FL 32721

New Mailing Address:

P O BOX 147
DELEON SPRINGS, FL 321300147

FEI Number: 59-0913134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAYDON, SARA G
2278 LK HIRES RD
P.O. BOX 147
DE LEON SPRINGS, FL 321300147 US

Name and Address of New Registered Agent:

SLAYDON, SARA G
2278 LK HIRES RD
DE LEON SPRINGS, FL 32130 US

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.

SIGNATURE:

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLAYDON, RUSSEL J JR
Address: 2278 LAKE HIRES RD
City-St-Zip: DE LEON SPRINGS, FL 321300147

Title: STD () Delete
Name: SLAYDON, SARA G
Address: 2278 LAKE HIRES RD.
City-St-Zip: DE LEON SPRINGS, FL 321300147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SLAYDON, RUSSELL J JR
Address: 2278 LAKE HIRES RD
City-St-Zip: DE LEON SPRINGS, FL 321300147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA G SLAYDON

STD

03/17/2009

Electronic Signature of Signing Officer or Director

Date