



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 577126 1. Entity Name SUNSHINE BUILDING AND DEVELOPMENT CORPORATION	
---	---

Principal Place of Business 291 ANCHOR ROAD CASSELBERRY, FL 32707 US	Mailing Address P O BOX 180958 CASSELBERRY, FL 32718 US
--	---

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1831001	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSH, JOHN T.
291 ANCHOR ROAD
CASSELBERRY, FL 32707

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

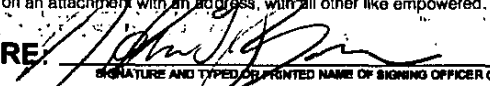
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUSH, JOHN T 273 N.E. TRIPLET DR. CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAROSA, SUE A 3316 PALMWAY DR SANFORD, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELS, RONNY E. 531 HIBISCUS RD. CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BUSH, REBECCA 273 N.E. TRIPLET DR. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000587293
01/17/07-80026-020 158.75

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:  **John T. Bush** **1/11/07** **407-339-6721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #