


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90077 035 \*\*\*150.00

**DOCUMENT # F02000006449**

1. Entity Name  
**SUNSHINE COMMUNICATIONS, INC.**



Principal Place of Business  
**2717 W. SEUTHERN AVE.  
 STE. 5  
 TEMPE, AZ 85282**

Mailing Address  
**P.O. BOX 3509  
 APOLLO BEACH, FL 33572-1005**

**20014016**

2. Principal Place of Business  
**2717 W. SOUTHERN AVE.**

3. Mailing Address  
 Suite, Apt. #, etc.



02042005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**86-0938887**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**OGRODOWSKI, RICHARD J  
 1019 SYMPHONY ISLES BLVD.  
 APOLLO BEACH, FL 33572**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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	DP OGRODOWSKI, RICHARD J 1019 SYMOHONY ISLES BLVD. APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STRAUB, ROBERT A 1445 JUMANA LOOP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STRAUB, ROBERT A 1445 JUMANA LOOP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

**SIGNATURE:** Robert A Straub **2/16/05** **813-649-0090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #