

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # F03000000558

1. Entity Name
CPTF SUNSHINE HOLDINGS, INC.



Principal Place of Business

211 W. FORT STREET
DETROIT, MI

Mailing Address

306 S. WASHINGTON AVENUE, SUITE 300
ROYAL OAK, MI 48067

DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number

14-1857215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000049019
02/13/04-800006-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMITZ, JOHN 38 FOUNTAIN SQ. PLAZA CINCINNATI, OH 45263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINLEY, BRIAN C 38 FOUNTAIN SQ. PLAZA CINCINNATI, OH 45263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL, JACQUELINE A 306 S. WASHINGTON AVENUE, SUITE 300 ROYAL OAK, MI 48067
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IN THIS SPACE**

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:

Jacqueline A Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04
Date

248-591-7105
Daytime Phone