

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19995

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: SUNSHINE INSURANCE, INC.

## Current Principal Place of Business:

13911 W HILLSBOROUGH AVE  
TAMPA, FL 33635

## New Principal Place of Business:

13911 W HILLSBOROUGH AVE  
SUITE 318  
TAMPA, FL 33635

## Current Mailing Address:

13911 W HILLSBOROUGH AVE  
TAMPA, FL 33635

## New Mailing Address:

13911 W HILLSBOROUGH AVE  
SUITE 318  
TAMPA, FL 33635

FEI Number: 59-2087275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHILTZ, SCOTT E ESQUIRE  
1968 BAYSHORE BLVD  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: SCHILTZ, TROY A  
Address: 318 SHORE DRIVE E  
City-St-Zip: OLDSMAR, FL 34677

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TROY A SCHILTZ

PTSD

04/16/2009

Electronic Signature of Signing Officer or Director

Date