

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F90017

1. Entity Name
**SUNSHINE EXTERMINATORS OF DEFUNIAK SPRINGS,
INC.**



Principal Place of Business
**969 JAMES LEE BLVD. WEST
CRESTVIEW, FL 32536**

Mailing Address
**969 JAMES LEE BLVD. WEST
CRESTVIEW, FL 32536**

FILED
Jan 15, 2004 08:00 AM
Secretary of State



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2205651 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COX, HENRY W., JR.
1266 RILEY BARNHILL RD
CRESTVIEW, FL 32536**

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

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COX, HENRY W. JR
1266 RILEY BARNHILL RD
BAKER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HARRINGTON, STANFORD D.
1279 RILEY BARNHILL RD
BAKER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
COX, DORIS M.
1266 RILEY BARNHILL RD
BAKER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000004847
01/15/04-80029-002 150.00

**DO NOT WRITE
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)(f), 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: *Doris M. Cox* **DORIS M. COX** *Jan 12 2004 850-682-9*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #