2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K17589

1. Entity Name
SUNSHINE HOUSE DAY CARE CENTERS INC.

Principal Place of Business	Mailing Address
109 EAST PARK AVE. EDGEWATER, FL 32132 US	109 EAST PARK AVE EDGEWATER, FL 32132 US

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2880345	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

COOK, MARY L
~~822 W ARTEL RD~~ 222 W. ARIEL RD
EDGEWATER, FL 32141

**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, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEPEW, DARLA
STREET ADDRESS	2623 UNITY TR DR
CITY-ST-ZIP	EDGEWATER, FL 32141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80122-017 150.00

**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)(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: _____   4-26-05   3864287224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #