

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90031 036 ***158.75

DOCUMENT # K47000

1. Entity Name
SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC.



Principal Place of Business
**10230 E. HWY 25
BELLEVIEW, FL 32620**

Mailing Address
**10230 E. HWY 25
BELLEVIEW, FL 32620**

54061915



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2938319

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, MICHAEL J.
321 NW THIRD AVE
OCALA, FL 32670**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HODGES, JAMES H.
STREET ADDRESS	10230 E. HWY 25
CITY- ST- ZIP	BELLEVIEW, FL
TITLE	S
NAME	HODGES, JR., JAMES H.
STREET ADDRESS	10230 E HWY 25
CITY- ST- ZIP	BELLEVIEW, FL 34420
TITLE	V
NAME	HODGES, CLARISE G.
STREET ADDRESS	10230 E. HWY 25
CITY- ST- ZIP	BELLEVIEW, FL
TITLE	T
NAME	CHRISTMAS, DEWAINE W
STREET ADDRESS	10230 E HWY 25
CITY- ST- ZIP	BELLEVIEW, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dewaine Christmas 7/7/04 (352) 347-8228

Attachment

54061915
K47000

Sunshine Utilities

10230 E. Hwy. 25 • Belleview, FL 34420-5531

Office (352) 347-8228 • Fax (352) 347-6915

July 7, 2004

Division of Corporations

P.O. Box 6198

Tallahassee, FL 32314

RE: Annual Report

Sunshine Utilities did not receive this Annual Report form until after the deadline, therefore we are enclosing a check in the amount of \$150.00.

Thank You



Dewaine Christmas
Manager