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Secretary of State
02-12-2007 90091 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K47000

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

40014466

Principal Place of Business	Mailing Address
10230 E. HWY 25 BELLEVIEW, FL 34420	10230 E. HWY 25 BELLEVIEW, FL 34420

01032007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2936319
☐ 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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dewaine Christmas 2/8/07 (352)347-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #