

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90041 022 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K47000

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



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

Mailing Address
**10230 E. HWY 25
BELLEVIEW, FL 34420**

40011205



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

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 renewing.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PD
HODGES, JAMES H.
10230 E. HWY 25
BELLEVIEW, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
HODGES, JR., JAMES H.
10230 E HWY 25
BELLEVIEW, FL 34420**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HODGES, CLARISE G.
10230 E. HWY 25
BELLEVIEW, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
CHRISTMAS, DEWAINE W
10230 E HWY 25
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 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:

(Signature) **(Dewaine Christmas)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day in Month

1/4/08