


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K97435</b> 1. Entity Name SONSHINE LANDSCAPE AND MAINTENANCE, INC.	
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Principal Place of Business 5601 S.W. 185TH WAY FT. LAUDERDALE, FL 33332 US	Mailing Address 5601 S.W. 185TH WAY FT. LAUDERDALE, FL 33332 US
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0129625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  EPPS, CURTISS W 18600 SW 55TH STREET FT. LAUDERDALE, FL 33332
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPPS, CURTISS 18600 SW 55TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EPPS, CRAIG 5601 SW 185TH WAY FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EPPS, NANCY 18600 SW 55TH ST. FORT LAUDERDALE, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EPPS, CURTISS W. II 8006 NW 105TH AVE. FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EPPS, CHRISTOPHER T. 5601 SW 185TH WAY FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000067368 02/26/04-80053-022 150.00
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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: 	02/24/04 954-4347114
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>