


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K97435</b>	
1. Entity Name <b>SONSHINE LANDSCAPE AND MAINTENANCE, INC.</b>	

Principal Place of Business <b>5601 S.W. 185TH WAY FT. LAUDERDALE, FL 33332 US</b>	Mailing Address <b>5601 S.W. 185TH WAY FT. LAUDERDALE, FL 33332 US</b>
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**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0129625</b>	Applied for <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**EPPS, CURTISS W  
18600 SW 55TH STREET  
FT. LAUDERDALE, FL 33332**

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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 \_\_\_\_\_  
Sign, date, type or printed name of registered agent and title if applicable (If JTC Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 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	

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03/05/06-00047-015 150.00

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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 lines empowered.

SIGNATURE: Curtiss Epps **Curtiss Epps** 2/24/06 954-434-1114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Area)