

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L56538

1. Entity Name
SUNSHINE PIPING, INC.



Principal Place of Business

6513 BAYLINE DR.
PANAMA CITY, FL 32404 US

Mailing Address

6513 BAYLINE DR.
PANAMA CITY, FL 32404 US



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3021873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, JAMES R.
6513 BAYLINE DR
PANAMA CITY, FL 32404

**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 \$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 VP
NAME SCOTT, SHIRLEY P
STREET ADDRESS 8716 CROOK HOLLOW RD
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE DP
NAME SCOTT, JAMES R
STREET ADDRESS 6513 BAYLINE DR
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ST
NAME SCOTT, DARRELL W
STREET ADDRESS 6513 BAYLINE DR
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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02/15/08-80001-025.150.00

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: _____

JAMES R. SCOTT

2/04/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #