

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L83444
1. Entity Name
SUNSHINE STAFFING OF HIGHLANDS COUNTY, INC.



Principal Place of Business Mailing Address
817 US 27 SOUTH PO BOX 6955
SEBRING, FL 33870 LAKELAND, FL 33807

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3017875 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAYVAULT, JAMES C
5328 GLENMORE DRIVE
LAKELAND, FL 33813

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000321862
04/21/05-80099-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAYVAULT, JAMES
STREET ADDRESS	5150 S. FLORIDA AVE
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	VP
NAME	HAMES, J R JR
STREET ADDRESS	914 SUCCESS AVE
CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	VP
NAME	HAMES, SUSAN D
STREET ADDRESS	914 SUCCESS AVE
CITY - ST - ZIP	LAKELAND, FL 33803
TITLE	S
NAME	DAYVAULT, MARTHA S
STREET ADDRESS	5328 GLENMORE DRIVE
CITY - ST - ZIP	LAKELAND, FL 33813
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 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: James C Dayvault Date: 4/18/05 Daytime Phone #: 863-646-5021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR