


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

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

Principal Place of Business 817 US 27 SOUTH SEBRING, FL 33870	Mailing Address PO BOX 6955 LAKELAND, FL 33807
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02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3017875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000649918
 03/07/07-80071-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAYVAULT, JAMES 5150 S. FLORIDA AVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMES, J R JR 914 SUCCESS AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMES, SUSAN D 914 SUCCESS AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAYVAULT, MARTHA S 5328 GLENMORE DRIVE LAKELAND, FL 33813
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: James C Dayvault 2/22/07 863-446-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES C DAYVAULT