

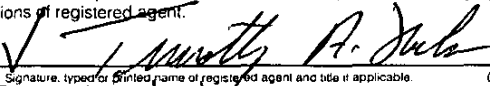
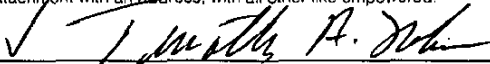


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90124 002 ***150.00

DOCUMENT # M34976 1. Entity Name SUNSHINE JANITORIAL SERVICE, INC.					
Principal Place of Business 5441 SE 18TH LN. OCALA, FL 34471			Mailing Address 5441 SE 18TH LN. OCALA, FL 34471		
2. Principal Place of Business 4025 SE 17th Place Suite, Apt. #, etc.		3. Mailing Address 4025 SE 17th Place Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01262005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2704152				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 NOVKOV, TIMOTHY A. 5441 SE 18TH LANE OCALA, FL 34471	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4025 SE 17th Place 1860 S.E. 43rd. Ave. City OCALA, FL Zip Code				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: 3-3-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution-1 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOVKOV, TIMOTHY A. 1860 SE 43RD TERR CORRECT ADD. OCALA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1860 S.E. 43rd TERR 4025 SE 17th Place OCALA, FL. 34471
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 				Date: 3-3-05 Daytime Phone: (352) 644-5803	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Timothy Novkov, President					