


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000036338	
1. Entity Name SUNSHINE SERVICE STATION OF TAMPA INC.	

Principal Place of Business 5111 NEBRASKA AVENUE TAMPA, FL 33603	Mailing Address 5111 NEBRASKA AVENUE TAMPA, FL 33603
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3638898	Applied For <input type="checkbox"/> Not Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, WAYNE 5111 NEBRASKA AVENUE TAMPA, FL 33603

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	NOTE: Registered Agent signature required when re-registering	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVID, WAYNE 5111 NEBRASKA AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVIS, WILMA 5111 NEBRASKA AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVIS, KIM 5111 NEBRASKA AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

1000000144227
04/30/04-80123-003 150.00

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4-27-04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>