

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057848

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** SUNSHINE ENTERPRISES OF NORTH FORT MYERS, INC.

**Current Principal Place of Business:**

20480 HUFFMASTER RD.  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

20480 HUFFMASTER RD.  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 65-1014879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES, EDWARD  
5660 BAYSHORE ROAD  
#27  
NORTH FORT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

JAMES, EDWARD  
20480 HUFFMASTER ROAD  
NORTH FORT MYERS, FL 33917 US

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.

**SIGNATURE:** CLAUDIA C JAMES

04/14/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** JAMES, CLAUDIA C  
**Address:** 20480 HUFFMASTER ROAD  
**City-St-Zip:** NORTH FT. MYERS, FL 33917

**Title:** D ( ) Delete  
**Name:** JAMES, EDWARD W  
**Address:** 20480 HUFFMASTER ROAD  
**City-St-Zip:** NORTH FT. MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CLAUDIA C JAMES

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date