

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000069675**

**1. Entity Name**  
**SUNSHINE SUPPORT COORDINATION, INC.**



**Principal Place of Business**  
**1324 GOLFVIEW DR**  
**DAYTONA BEACH, FL 32114**

**Mailing Address**  
**1324 GOLFVIEW DR**  
**DAYTONA BEACH, FL 32114**

**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**59-3655946**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**BOWEN, GEORGE W**  
**1324 GOLFVIEW DR**  
**DAYTONA BEACH, FL 32114**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** HOYT, BELINDA S  
**STREET ADDRESS** 1324 GOLFVIEW DRIVE  
**CITY-ST-ZIP** DAYTONA BEACH, FL 32114

**TITLE** D  
**NAME** BOWEN, GEORGE W  
**STREET ADDRESS** 1324 GOLFVIEW DR  
**CITY-ST-ZIP** DAYTONA BEACH, FL 32114

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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04/04/08-80020-016 150.00

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**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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

Date

386-255-0965

Daytime Phone #