

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/22/2004-90089-001-\$150.00-\$150.00 \*  
7/22/2004-90089-002-\$400.00-\$400.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 17 PM 4:52

DOCUMENT # P0000092846

1. Entity Name  
SUNSHINE REFERRAL SERVICES, INC.



Principal Place of Business  
636 SOUTH GULFVIEW BLVD  
CLEARWATER BEACH, FL 33767

Mailing Address  
636 SOUTH GULFVIEW BLVD  
CLEARWATER BEACH, FL 33767

REINSTATEMENT

04



04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3714325

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUJU, ESQ., MICHAEL J  
24703 US-19 NORTH-STE-215  
CLEARWATER, FL 33763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GUJU, MICHAEL  
STREET ADDRESS 31584 US HIGHWAY 19  
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MCPHERSON, DOUGLAS  
STREET ADDRESS 636 S GULFVIEW BLVD.  
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/04 722-462-2500

11/17/00