

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086423

Entity Name: SUNSHINE AQUATICS, INC.

FILED  
Feb 24, 2009  
Secretary of State

**Current Principal Place of Business:**

1013 LOUIS AVE.  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

1013 LOUIS AVE.  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 65-1137498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GLADWELL, BRITT  
1013 LOUIS AVE.  
LEHIGH ACRES, FL 33936 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GLADWELL, BRITT  
Address: 1013 LOUIS AVE.  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: STD ( ) Delete  
Name: GLADWELL, STACY  
Address: 1013 LOUIS AVE.  
City-St-Zip: LEHIGH ACRES, FL 33936

**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: WALLY V CORDELL

CPA

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date