## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED ON PRINTED MANEJOF SIGNANG OFFICER ON DIRECTOR

## FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # P0200009812  1. Entity Name SUNSHINE UTILITIES, INC.					04-13-2004 90029 028 ***150.00				
Principal Place of Business 190 100 200 Mailing Address  5585 CRAWFORDVILLE RD. 22505 FRANCES WAY TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32310						Belië iidii quik byik ber			rikan di nam
2. Principal Pl	lace of Business	<del></del>							
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>	04122004 Chg-P CR2E034 (10/03)				
City & State City & State					4. FEI Number 50-000		<del></del>		plied For t Applicable
	Country	Zip Count		try	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DAILEY D	A 3 4 5 1 A 1			Name					
BAILEY, PAMELA J 22505 JRANCES WAY TALLAHASSEE, FL 32310				Street Address (P.O. Box Number is Not Acceptable)					
7°				City				<del></del>	
				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 renstating)  DATE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
-mile 173+11, 1	P. Delete RTLE			u	ee Proside	21		Change	Addition
NAME	BAILEY, CHARLES T		NAM	E Ba	iley, charle	2 <u>5</u> 1			)
STREET ADDRESS CITY-ST-ZIP	22505 FRANCES WAY TALLAHASSEE, FL 32310				505 Frances		_		ļ
TITLE	V	□ Delete	TITL	1 a	<u>Llamassee</u> Lsidend	FL 32311		Change	☐ Addition
NAME	BAILEY, PAMELA	L Develo	NAM	1770	iley, fam	ela	9	Change	LI MOULLOH ]
Street address	22505 FRANCES WAY			ET ADDRESS 22505 granceshay					
CITY-ST-ZIP	TALLAHASSEE, FL 32310			-SI-ZP Taudrassee Fb 32310					
TITLE NAME		☐ Delete	TITL NAV	,				Change	Addition
- STREET AODRESS CITY-ST-ZIP		<del>سمینجیسی اشین</del> ر		ET ADDRESS -ST-ZIP					
TITLE	<u>                                     </u>	Delete	TITL	<del></del>				Change	Addition
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STREET ADDRESS			STRE	ET ADORESS					İ
CITY-ST-ZIP			CITY	-ST-ZIP					}
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NAME STREET ADDRESS			NAM STRI	ET ADDRESS					
CITY-ST-ZIP			•	-ST-ZIP					ļ
TITLE		☐ Delete	TITL	E				Change	Addition
NAME			NAM	J				=	j
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					ļ
<u> </u>	cortify that the information constinut with	h this filling doop not suplify to			Section 110 07/01/	i) Elorido Chabitas	Literary north	hat th= '-	
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.									