## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000114852

Entity Name: SUNSHINE ENTERPRISES OF WEST FLORIDA, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6091 MEDICI COURT #105 2484 JOHNNA CT

SARASOTA, FL 34243 PALM HARBOR, FL 34685

Current Mailing Address: New Mailing Address:

6091 MEDICI COURT #105 2484 JOHNNA CT

SARASOTA, FL 34243 PALM HARBOR, FL 34685

FEI Number: 13-4218075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DAVIS, WILLIAM R DAVIS, WILLIAM R

6091 MEDICI COURT #105 PMB 587 88005 OVERSEAS HWY

SARASOTA, FL 34243 #9
ISLAMORADA. FL 33036

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: WILLIAM R. DAVIS 01/06/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S/ ( ) Delete Title: P/S/ (X) Change ( ) Addition

 Name:
 DAVIS, WILLIAM R
 Name:
 DAVIS, WILLIAM R

 Address:
 6091 MEDICI CT. #105
 Address:
 PMB587 88005 OVERSEAS HWY #9

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete Title: S/T (X) Change ( ) Addition Name: HELMS, TERRENCE K Name: QUIMBY, MICHELE B S/T

Address: 656 BALMORAL RD Address: 2484 JOHNNA CT
City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: PALM HARBOR, FL 34685

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HELMS, ROBÍN L
 Name:

 Address:
 656 BALMORAL RD
 Address:

 City-St-Zip:
 WINTER PARK, FL 34243
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELE B QUIMBY S/T 01/06/2004