



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 040 ***150.00

DOCUMENT # P02000120639 1. Entity Name SUNSHINE CAR SERVICE, INC.					
Principal Place of Business 200 E ROBINSON ST, STE 500 ORLANDO, FL 32801			Mailing Address 200 E ROBINSON ST, STE 500 ORLANDO, FL 32801		
2. Principal Place of Business 20 N. ORANGE AVE. <small>Suite, Apt. #, etc.</small> SUITE 407 <small>City & State</small> Orlando, FL <small>Zip</small> 32801		3. Mailing Address 20 N Orange Ave <small>Suite, Apt. #, etc.</small> Suite 407 <small>City & State</small> Orlando, FL <small>Zip</small> 32801			
4. FEI Number 14-1855333		Chg-P CR2E034 (10/03)		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KHAN, LISA 200 E ROBINSON ST, STE 500 ORLANDO, FL 32801	
7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> 20 N Orange Ave <small>City</small> FL <small>Zip Code</small>				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. LISA KHAN SIGNATURE Lisa Khan <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KHAN, LISA 6600 WINDER LYNNE LANE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHAN, WASEEM A 6600 WINDER LYNNE LANE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: Lisa Khan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date			Daytime Phone #		