

FILED
Jun 07, 2004 8:00 am
Secretary of State

5/10/

05-10-2004 90462 003 ***550.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000147063			
1. Entity Name SUNSHINE REMOVAL SERVICES, INC.			
Principal Place of Business 15433 CRYSTAL LAKE DR N FORT MYERS, FL 33917		Mailing Address 15433 CRYSTAL LAKE DR N FORT MYERS, FL 33917	
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 80-00-7884		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPILLER, NICK 2321 WELLS AVE ALVA, FL 33920		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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 NAME STREET ADDRESS CITY-ST-ZIP	OPST SASHER, ROBERT 15433 CRYSTAL LAKE DR N FORT MYERS, FL 33917 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Robert Sasher</u> SIGNATURE AND TYPED OR PRINTED NAME OF GRADING OFFICER OR DIRECTOR			