

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008787

FILED
Apr 26, 2005
Secretary of State

Entity Name: SONSHINE RESTOR-CLEAN INC.

Current Principal Place of Business:

592 HICKORY DRIVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

592 HICKORY DRIVE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3163451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUERA, ALEX R
592 HICKORY DRIVE
GREEN COVE SPRINGS, FL 32043 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: P () Delete
Name: LUERA, ALEX R
Address: 592 HICKORY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V (X) Delete
Name: THOMPSON, GERALD
Address: 592 HICKORY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: S () Delete
Name: LUERA, JASON A
Address: 592 HICKORY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: T () Delete
Name: LUERA, ALEX R
Address: 592 HICKORY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: LUERA, ALEX R
Address: 592 HICKORY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ALEX R LUERA

P

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date