

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-18-2005 90267 011 ***150.00

DOCUMENT # P04000078053 1. Entity Name SONSHINE HEALTH CORPORATION					
Principal Place of Business 1127 PINE RIDGE CIRCLE WEST #104-G-1 TARPON SPRINGS, FL 34689			Mailing Address 1127 PINE RIDGE CIRCLE WEST #104-G-1 TARPON SPRINGS, FL 34689		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1143770	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KLIMIS, GEORGE N 1127 PINE RIDGE CIRCLE WEST #104-G-1 TARPON SPRINGS, FL 34689			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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D HITE, DAVID D 1127 PINE RIDGE CIRCLE WEST #104-G1 TARPON SPRINGS, FL 34689	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITE, THERESE M 1127 PINE RIDGE CIRCLE WEST #104-G1 TARPON SPRINGS, FL 34689	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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>Therese M. Hite</u> <u>Therese M. Hite</u> <u>989-356-6137</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					