

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90130 048 ***150.00

DOCUMENT # P04000106265

1. Entity Name
SUNSHINE'S ULTIMATE CLEANING SERVICE INC.



Principal Place of Business
**6646 ALVIN ROAD
JACKSONVILLE, FL 32222 US**

Mailing Address
**6646 ALVIN ROAD
JACKSONVILLE, FL 32222 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
6529 MITFORD RD

Suite, Apt. #, etc.
6529 MITFORD RD

03142005 Chg-P CR2E034 (10/03)

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
20-1379422

Applied For
Not Applicable

Zip Country
32210 US

Zip Country
32210 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWARD, DENNIS L
1506 PRUDENTIAL DRIVE
209
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name
Amanda L Thornton

Street Address (P.O. Box Number is Not Acceptable)

6529 MITFORD RD

City **JACKSONVILLE** FL Zip Code **32210**

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 **Amanda L Thornton**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/05

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THORNTON, AMANDA L
6646 ALVIN ROAD
JACKSONVILLE, FL 32222** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6529 MITFORD RD
JACKSONVILLE FL 32210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Amanda L Thornton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05
Date

Daytime Phone #