2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)							FILED May 05, 2006 8:00 am Secretary of State				
DOCUMENT # P05000004126							Secretary of State 05-05-2006 90157 030 ***150.00				
SUNSHINE BUILDERS AND REMODELING, INC.											
Principal Place	e of Business			. .							
7910 N. ARMENIA AVENUE TAMPA FL 33604 US			7910 N. ARMENIA AVENUE TAMPA FL 33604 US								
2. Principal Pl		ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1s	1st MOORE CR2E034 (10/05)				
City & State			City & State			4. FEI Numb	er		No	plied For t Applicable	
Zip	Zip Cour		Zip	Cour	ורy 		e of Status Desire	··· L.	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
BERNSTEIN, MICHAEL 19537 DEER LAKE ROAD LUTZ FL 33548					Street Address (P.O. Box Number is Not Acceptable)						
			City FL Zip Code								
 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, typed or pratied name of registered agent and title it opplicable (NOTE: Registered Agent signature resourced when reinstating) DATE											
FILE NOW !!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								mpaign Financi Contribution.		00 May Be ed to Fees	
10.	· · · · · ·	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AND	DIRECTOR	SIN 11	
TITLE	Р		Delete	TIT	E Pres A	4	A.Ber	•	Change	Addition	
NAME	BERNSTEIN, MICHAEL			NAM	ME TO A	- UDIAL P	Sis Moss	Jaka		_	
STREET ADDRESS CITY-ST-ZIP	5 19537 DEER LAKE ROAD LUTZ FL 33548				REET ADDRESS Y - ST - ZIP				KØ.		
TITLE NAME	S/T BERNSTEIN, SHAUN A		Delete	TITI	15 - 5 /1	Nancy	E Bern	stein,	Change	Addition	
STREET ADDRESS City-St-Zip	· ·			STR	REET ADDRESS Y - ST - ZIP	LuTz Nancy 19537 D LuTz	eerbal FI 22	e Rd. 548			
TITLE			Delote	tet: NAI	LE				Change	Addition	
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TITLE		<u> </u>	Delete	TIT					Change	Addition	
NAME				NA	-						
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NAME STREET ADDRESS CITY- ST- ZIP					ME REET ADDRESS Y-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 houired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an actives, with all other like empowered.											
(813)											
SIGNATURE: //// SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											