

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000031919

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: SUNSHINE SERVICES OF CAPE CORAL INC.

## Current Principal Place of Business:

2524 SAWGRASS LAKE CT.  
CAPE CORAL, FL 33909

## New Principal Place of Business:

1227 DEL PRADO BLVD S  
STE 202  
CAPE CORAL, FL 33990

## Current Mailing Address:

2524 SAWGRASS LAKE CT.  
CAPE CORAL, FL 33909

## New Mailing Address:

1227 DEL PRADO BLVD S  
STE 202  
CAPE CORAL, FL 33990

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOWAK, THOMAS  
2524 SAWGRASS LAKE CT.  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

NOWAK, THOMAS  
1227 DEL PRADO BLVD S  
STE 202  
CAPE CORAL, FL 33990 US

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: THOMAS NOWAK

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: NOWAK, THOMAS  
Address: 1227 DEL PRADO BLVD S.  
City-St-Zip: CAPE CORAL, FL 33990

Title: P  
Name: NOWAK, SABINE S  
Address: 1227 DEL PRADO BLVD S  
City-St-Zip: CAPE CORAL, FL 33990

Title: SEC  
Name: NOWAK, THOMAS  
Address: 1227 DEL PRADO BLVD S  
City-St-Zip: CAPE CORAL, FL 33990

I hereby 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 all other like empowered.

SIGNATURE: THOMAS NOWAK

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date