

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000031873

1. Entity Name

SUNSHINE CLEANING SERVICE, INC.



Principal Place of Business

427 MELBOURNE AVE.  
INDIALANTIC FL 32903

Mailing Address

427 MELBOURNE AVE.  
INDIALANTIC FL 32903

FILED

10 APR 23 PM 12:27



1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0404810

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSEN, ROBIN M ESQ.  
1601 AIRPORT BLVD.  
STE. 1  
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and date is acceptable.

(Note: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2010 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PSD                  | <input type="checkbox"/> Delete |
| NAME           | CHISHOLM, CLYDE F    |                                 |
| STREET ADDRESS | 427 MELBOURNE AVE.   |                                 |
| CITY-STATE-ZIP | INDIALANTIC FL 32903 |                                 |
| TITLE          | VTD                  | <input type="checkbox"/> Delete |
| NAME           | CHISHOLM, PATRICIA A |                                 |
| STREET ADDRESS | 427 MELBOURNE AVE.   |                                 |
| CITY-STATE-ZIP | INDIALANTIC FL 32903 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-STATE-ZIP |                                                                   |

800177588088  
04/26/10-01028-007 \*\*150.00

RH

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 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:

*Clyde F. Chisholm* Clyde F. Chisholm 14 Apr 2010 321-984-9595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #