FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000031873

1. Entity Name
SUNSHINE CLEANING SERVICE, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR -3 PM 12: 31

Principal Place of Business	Mailing Address
427 MELBOURNE AVE. INDIALANTIC FL 32903	427 MELBOURNE AVE. INDIALANTIC FL 32903

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

1st MOORE CR2E034 (10/06)

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	☐ Delete
NAME	CHISHOLM, CLYDE F	
STREET ADDRESS	427 MELBOUNE AVE.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VTD	☐ Delete
NAME	CHISHOLM, PATRICIA A	
STREET ADDRESS	427 MELBOUNE AVE.	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

100246399721
04/03/13--01030--001 **150.00

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-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 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 321-984-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #