


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 23, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # P93000060846</b> 1. Entity Name <b>SUNNY SHORE MOTEL, INC.</b>	
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Principal Place of Business <b>2037 S ATLANTIC AVE DAYTONA BEACH, FL</b>	Mailing Address <b>2037 S ATLANTIC AVE DAYTONA BEACH, FL</b>
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**DO NOT WRITE IN THIS SPACE**



01252004 No Chg-P CR2E034 (10/03)

4. FBI Number <b>59-3203302</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**UPCHURCH, PAUL N  
661 BEVILLE ROAD  
SUITE 206  
SOUTH DAYTONA, FL 32119**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000062167 02/23/04-80110-022 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OGLE, DAVID D 2331 DODGE DR DAYTONA BCH, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS TILLOTSON, MARGO 661 BEVILLE RD S DAYTONA, FL</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2/19/04** **386-252-4569**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #