

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000049794

1. Entity Name
SUNSHINE SHIPPING & BUSINESS SERVICES, INC.



Principal Place of Business
**548 48TH STREET CT EAST
BRADENTON, FL 34205**

Mailing Address
**P.O. BOX 10522
BRADENTON, FL 34282**



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0500874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROPER, DOUGLAS L
548 48TH STREET CT EAST
BRADENTON, FL 34205**

**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

Signature, type or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature of Douglas L. Roper] **DOUGLAS L. ROPER, President** **4/2/04**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000105796
04/07/04-80039-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
ROPER, DOUGLAS L
2006-38TH STREET WEST
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
ROPER, BARBARA L
2006 38TH STREET WEST
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature of Douglas L. Roper] **DOUGLAS L. ROPER, President** **4/2/04** **941-246-9825**