

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90352 007 ***150.00

DOCUMENT # P94000060783

1. Entity Name
SUNSHINE AUTO SALES & SERVICE, INC.



Principal Place of Business Mailing Address
 904 US HWY 17 N. P.O. BOX 1440
 YULEE FL 32097 YULEE FL 32097
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3265140** Applied For
 Not Applicable

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

MOORE CR2E034 (11/03)



6. Name and Address of Current Registered Agent

STEPHEN, V. R LEE
864 U.S. HWY 17 N.
YULEE FL 32097

7. Name and Address of New Registered Agent

Name **STEPHEN F LEE**
 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 *Stephen F Lee* **STEPHEN F. LEE V. PRESIDENT** **04/29/04**
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, 2004 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	V	<input type="checkbox"/> Delete
NAME	LEE, STEPHEN F	
STREET ADDRESS	864 US HWY 17 N.	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, STEPHEN V R.	
STREET ADDRESS	1819 POINT PETER RD.	
CITY-ST-ZIP	SAINT MARYS GA 31558	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, CAROL A	
STREET ADDRESS	1819 POINT PETER RD.	
CITY-ST-ZIP	SAINT MARYS GA 31558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stephen F Lee* **STEPHEN F. LEE** **04/29/04** **904-548-0331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #