

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000077928

1. Entity Name
SUNSHINE SPRAY SERVICE, INC.



Principal Place of Business
**224 SPARKLING CT
AUBURNDALE, FL 33823 US**

Mailing Address
**P O BOX 1187
AUBURNDALE, FL 33823 US**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3340917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BYWATER, JOSEPH G
2000 E EDGEWOOD DR. SUITE 108B
LAKELAND, FL 33803**

**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, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000607506
01/31/07-80039-014 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS SYKES, KAREN L 224 SPARKLING CT AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SYKES, GARY M JR. 224 SPARKLING CT AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Karen L. Sykes* KAREN L. SYKES 1/24/07 863965-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #