

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000077928

**FILED**  
**Nov 20, 2009**  
**Secretary of State****Entity Name:** SUNSHINE SPRAY SERVICE, INC.**Current Principal Place of Business:**224 SPARKLING CT  
AUBURNDALE, FL 33823 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 1187  
AUBURNDALE, FL 33823 US**New Mailing Address:****FEI Number:** 59-3340917      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BYWATER, JOSEPH G  
2000 E EDGEWOOD DR, SUITE 108B  
LAKELAND, FL 33803 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PTS      ( ) Delete  
**Name:** SYKES, KAREN L  
**Address:** 224 SPARKLING CT  
**City-St-Zip:** AUBURNDALE, FL 33823 US**Title:** VP      (X) Delete  
**Name:** SYKES, GARY M JR.  
**Address:** 224 SPARKLING CT  
**City-St-Zip:** AUBURNDALE, FL 33823**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PVPT      (X) Change ( ) Addition  
**Name:** SYKES, KAREN L  
**Address:** 224 SPARKLING CT  
**City-St-Zip:** AUBURNDALE, FL 33823 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L SYKES

PVPT

11/20/2009

Electronic Signature of Signing Officer or Director

Date