2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 25, 2004 08:00 AM Secretary of State DOCUMENT # P97000050616 SUNSHINE SHUTTLE, INC. Principal Place of Business Mailing Address 1835 NE 22 DRIVE 1835 NE 22 DRIVE JENSEN BCH, FL 34957 JENSEN BCH, FL 34957 No Chg-P 07072004 CR2E034 (10/03) WAT WHILE IN THIS SPACE Applied For 4. FE! Number 65-0765869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PLATTNER, SUSAN J JU NO! WHILE 1835 NE 22 DRIVE JENSEN BCH, FL 34957 HI 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS Ð 333<u>.</u>E PLATTNER, SUSAN J NAME U00000170860 08/25/04-80003-006 150.00 STREET ADDRESS 1835 NE 22 DRIVE CITY-ST-ZIP JENSEN BCH, FL 34957 BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS IN NOT WRITE CITY-ST-ZIP TITLE # THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY ST-23P 12. I hereby certify that the information supplied with this filling 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 applicance that I am an officer or director of the corporation or the receiver or frustee empowered to execute this execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment water an address, with all other like empowered.

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INTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED

Daytime Phone #