

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000079027

1. Entity Name
SUNSHINE STATE BILLING SERVICES, INC.



Principal Place of Business
 167 TIMBER ISLAND RD
 CARRABELLE, FL 32322

Mailing Address
 167 TIMBER ISLAND RD
 CARRABELLE, FL 32322

DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0783431

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CSC (CORPORATE AGENTS)
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2607

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 _____ DATE _____

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WAGNER, JILL
STREET ADDRESS	167 TIMBER ISLAND RD
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/23/04-80098-015 150.00

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: *Jill Wagner* **2/18/2004** 850 697 9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #