

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Feb 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # P98000103863

1. Entity Name  
SUNSHINE PROFESSIONAL SERVICES, INC.



Principal Place of Business  
12181 DUNHILL DRIVE  
BOYNTON BEACH, FL 33437

Mailing Address  
P O BOX 740106  
BOYNTON BEACH, FL 33474

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01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0885290

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, PEGGY J  
12181 DUNHILL DRIVE  
BOYNTON BEACH, FL 33437

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSS, EDDIE M
STREET ADDRESS	P.O. BOX 740106
CITY-ST-ZIP	BOYNTON BEACH, FL 33474
TITLE	ST
NAME	MOSS, PEGGY
STREET ADDRESS	P.O. BOX 740106
CITY-ST-ZIP	BOYNTON BEACH, FL 33474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: Peggy J. Moss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 561-7368666

Date

Daytime Phone #