2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State
02-28-2007 90011 034 ***150.00

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1. Entity Name
SUNSHINE PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
6134 NW DURIAN ST PORT SAINT LUCIE, FL 34986	PO BOX 881838 PORT SAINT LUCIE, FL 34988

02252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4124 Limerick Drive	PO Box 672
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Wales FL	City & State: Lake Wales FL
Zip: 33859 Country	Zip: 33859 Country

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	7. Name and Address of New Registered Agent
MOSS, PEGGY J 6134 NW DURIAN ST 34986 BOYNTON BEACH, FL 33437	Name: Moss Peggy J Street Address (P.O. Box Number is Not Acceptable): 4124 Limerick Drive City: Lake Wales FL Zip Code: 33859

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: Peggy J Moss
Signature, type or print 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSS, EDDIE M PO BOX 88138 PORT SAINT LUCIE, FL 34988	☐ Delete	P Moss, Eddie M POBox672 Lake Wales FL 33859	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MOSS, PEGGY PO BOX 881838 PORT SAINT LUCIE, FL 34988	☐ Delete	ST Moss, Peggy POBox672 Lake Wales, FL 33859	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Peggy J Moss 2/26/2007 863-324-9590