

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90299 029 \*\*\*155.00

**DOCUMENT # S17719**

1. Entity Name

SUNSHINE T & C CO. LTD, INC.



Principal Place of Business

300 ADAIR AVE  
LONGWOOD FL 32750  
US

Mailing Address

300 ADAIR AVE  
LONGWOOD FL 32750  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TSAI, HUI-MIN  
300 ADAIR AVE  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete  
NAME TSAI, HUI-PANG  
STREET ADDRESS 184 MIN SHENG ROAD  
CITY-ST-ZIP CHI-CHI NANTOU, ROC

TITLE DV ☐ Delete  
NAME CHIEN, REYMOND RUEY-MING  
STREET ADDRESS 2F NO. 23 LANE 228 SEC 3 HO PING E ROAD  
CITY-ST-ZIP TAIPEI TAIWAN RO

TITLE PT ☐ Delete  
NAME TSAI, HUI-MIN  
STREET ADDRESS 300 ADAIR AVE  
CITY-ST-ZIP LONGWOOD FL

TITLE DS ☐ Delete  
NAME TSAI, HELEN TONG-SHEH YU  
STREET ADDRESS 300 ADAIR AVE  
CITY-ST-ZIP LONGWOOD FL

TITLE PST ☐ Delete  
NAME TSAI, HELEN TONG-SHEH YU  
STREET ADDRESS 300 ADAIR AVE  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04 (409) 628-5266

Date

Daytime Phone #