2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004
Secretary of State

DOCUMENT# S94849

Entity Name: SUNSHINE MOBILE EQUIPMENT SERVICES, INC.

Current Principal Place of Business:

6229 SAUFLEY PINES ROAD
PENSACOLA, FL 325263722 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 37507
PENSACOLA, FL 325260507 US

New Mailing Address:

FEI Number: 59-3095454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER,III, HENRY G MR.
6229 SAUFLEY PINES ROAD
PENSACOLA, FL 325263722 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: CARTER, HENRY GRADY III
Address: 6229 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 325263722 US

Title: VTS ( ) Delete
Name: CARTER, MARY CATHERN
Address: 6229 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 325263722 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY GRADY CARTER, III MR. 01/27/2004

Electronic Signature of Signing Officer or Director — Date