2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

DOCUMENT # V1993 1. Entity Name SUNSHINE TRUCK & EQUIP		
Principal Place of Business	Mailing Address	
5620 ORANGE AVENUE FORT PIERCE, FL 34947	5620 Orange avenue Fort Pierce, FL 34947	

SUNSHIN	VE TRUCK & EQUIPMENT, IN	C.				
Principal Place of Business Mailing Address 5620 ORANGE AVENUE 5620 ORANGE AVENUE FORT PIERCE, FL 34947 FORT PIERCE, FL 34947		L.,				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			04202004 4. FEI Numb 65-033			
MILLER, JOSEPH G. 5500 ORANGE AVE ET BIEDCE EL 24047				NOT WRITE 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						
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	000000144031 04/30/04-80116-018 150.00	
10.	OFFICERS AND DIRE	CTORS		······································		
TITLE NAME STREET ADDRESS CSTY-ST-ZIP	PT BEVILLE, HOWARD, JR. 5620 ORANGE AVENUE FORT PIERCE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILLER, JOSEPH G. 5620 ORANGE AVENUE FORT PIERCE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-JIP						
TITLE NAME STREET ADDRESS		च सूच स्थापन			:	
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exe	mption stated in Se	ction 119.07(3)	(i), Florida Statutes, I further certify that the information	

indicated on this report of supplemental peport is true and accurate and that my signature shall have the same legal effect as it 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:

Floridad Services of Signing Officer or Director Boustla Jh

772-465-4461 Daytime Phone #