

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019560

Entity Name: SUNSHINE HOTEL INVESTMENT, INC.**Current Principal Place of Business:**522 MARYESTHER CUTOFF
FT. WALTON BEACH, FL 32548**Current Mailing Address:**522 MARYESTHER CUTOFF
FT. WALTON BEACH, FL 32548 US**FEI Number: 26-3232918****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REDDICK, JAMES H
522 MARYESTHER CUTOFF
FT. WALTON BEACH, FL 32548 US*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**Officer/Director Detail :**

Title	P, D
Name	PATEL, SUMANT M
Address	522 MARYESTHER CUTOFF
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	VP, D
Name	PATEL, CHHAGANLAL G
Address	522 MARYESTHER CUTOFF
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	S, D
Name	PATEL, KIRANKUMAR C
Address	522 MARYESTHER CUTOFF
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	T, D
Name	PATEL, SATISHKUMAR M
Address	522 MARYESTHER CUTOFF
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	D
Name	PATEL, BHARATKUMAR C
Address	522 MARYESTHER CUTOFF
City-State-Zip:	FT. WALTON BEACH FL 32548

Title	D
Name	PATEL, CHARUL
Address	522 MARYESTHER CUTOFF
City-State-Zip:	FT. WALTON BEACH FL 32548

I hereby 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 all other like empowered.

SIGNATURE: CHARUL PATEL**DIRECTOR****03/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date