


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000078468

1. Entity Name
SUNRISE MANAGEMENT OF SARASOTA, INC.



Principal Place of Business Mailing Address

1281 SOUTH TAMIAMI TRAIL 1281 SOUTH TAMIAMI TRAIL
 SARASOTA, FL 34239 SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1129736 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, JOHN B
 1281 SOUTH TAMIAMI TRAIL
 SARASOTA, FL 34239

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | DAVIDSON, JOHN B |
| STREET ADDRESS | 1281 S TAMIAMI TR |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | S |
| NAME | DAVIDSON, RITA G |
| STREET ADDRESS | 1281 S TAMIAMI TR |
| CITY-ST-ZIP | SARASOTA, FL 34239 |
| TITLE | VP |
| NAME | DAVIDSON, JOHN B JR |
| STREET ADDRESS | 52 OLDE IVY SQ |
| CITY-ST-ZIP | ATLANTA, GA 30342 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 information empowered.

SIGNATURE: John B Davidson Date: 3-2-05 Daytime Phone #: 941-365-1515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR