

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90016 050 \*\*\*150.00

**DOCUMENT # P01000078468**

1. Entity Name  
**SUNRISE MANAGEMENT OF SARASOTA, INC.**



Principal Place of Business  
1281 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239

Mailing Address  
1281 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1129736	Applied For Not Applicable
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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

**DO NOT WRITE  
IN 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 \_\_\_\_\_

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 \_\_\_\_\_

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