


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000078468 1. Entity Name SUNRISE MANAGEMENT OF SARASOTA, INC.	
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Principal Place of Business 1281 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239	Mailing Address 1281 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1129736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 title if applicable. (NOTE: Registered Agent signature required when restateing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00


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

000000592324
 01/19/07-80057-023 150.00

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	

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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:  **1-12-07** **941-365-1515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN B. DAVIDSON