


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 10, 2008 08:00 A**  
**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**



01112008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-1129736</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000888261  
 04/22/08-80007-004 150.00

**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:**       **4-8-08**      **941-365-1515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #