


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90125 006 ***150.00

DOCUMENT # P03000142209

1. Entity Name
RISING SUN RENOVATIONS & INVESTMENTS, INC.



Principal Place of Business Mailing Address
 1019 WINTHROP STREET 1019 WINTHROP STREET
 JACKSONVILLE, FL 32206 US JACKSONVILLE, FL 32206 US

24083778



2. Principal Place of Business 3. Mailing Address
 505 N. WASHINGTON STREET 505 N. WASHINGTON STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07282004 Chg-P CR2E034 (10/03)

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE, FL**
 Zip Country Zip Country
32202 **USA** **32202** **USA**

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MCSTINE, CHARLENE M
1019 WINTHROP STREET
JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent
 Name **Charlene M. McStine**
 Street Address (P.O. Box Number is Not Acceptable)
14047 DUVAL ROAD
 City **JACKSONVILLE** **FL** Zip Code **32218**

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 **Charlene McStine** **AUGUST 30, 2004**
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCSTINE, LEO R 1019 WINTHROP STREET JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCSTINE, CHARLENE M 1019 WINTHROP STREET JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 505 N. WASHINGTON STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 505 N. WASHINGTON STREET JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Leo R. McStine** **AUGUST 30, 2004** 904-424-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #