

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080799

Entity Name: SUNRAY MARINE, INC.

FILED  
Jan 26, 2009  
Secretary of State

## Current Principal Place of Business:

9571 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919

## New Principal Place of Business:

9770 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919

## Current Mailing Address:

9770 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919

## New Mailing Address:

FEI Number: 65-0701511      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BROOKS, TIMOTHY  
9770 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BROOKS, TIMOTHY  
Address: 9770 CYPRESS LAKE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: DST ( ) Delete  
Name: BROOKS, TERUKO  
Address: 9770 CYPRESS LAKE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: DVP ( ) Delete  
Name: ELLIS, JAMES R  
Address: 11419 WATERFORD VILLAGE DRIVE  
City-St-Zip: FORT MYERS, FL 33912

Title: DVP (X) Delete  
Name: BROOKS, TIMOTHY JR  
Address: 9788 MENDOCINO DR.  
City-St-Zip: FORT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: BROOKS, TIMOTHY M JR.  
Address: 9788 MENDOCINO DR.  
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY BROOKS

DP

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date