

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K84149

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: SUNRISE LAND CARE, INC.

## Current Principal Place of Business:

5521 BAPTIST CHURCH ROAD  
TAMPA, FL 33610 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 16531  
TAMPA, FL 33687 US

## New Mailing Address:

FEI Number: 59-2940398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUGHES, SHEA  
PO BOX 16531  
TAMPA, FL 33687 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: PD ( ) Delete  
Name: HUGHES, SHEA,  
Address: 604 VANDERBAKER RD.  
City-St-Zip: TAMPA, FL

Title: VS ( ) Delete  
Name: BAILEY, MICHEAL  
Address: 11645 THONOTOSASSA  
City-St-Zip: THONOTOSASSA, FL 33592

Title: ST ( ) Delete  
Name: ERDMANN, EANIEL  
Address: 28715 TWINBROOK LN  
City-St-Zip: WESLEY CHAPEL, FL 33543

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HUGHES, SHEA,  
Address: 15 S. TREASURE DRIVE  
City-St-Zip: TAMPA, FL 33609

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

Title: ST (X) Change ( ) Addition  
Name: ERDMANN, DANIEL  
Address: 28715 TWINBROOK LN  
City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the 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: SHEA HUGHES

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date