

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000154518

**Entity Name:** SUNRISE GRASS CUTTERS, INC.

**Current Principal Place of Business:**

39 LAKE WOOD CIRCLE  
OCALA, FL 34482

**Current Mailing Address:**

39 LAKE WOOD CIRCLE  
OCALA, FL 34482 US

**FEI Number:** 20-0492915

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEELER, DENNIS L  
39 LAKE WOOD CIRCLE  
OCALA, FL 34482 US

*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

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | P                   | Title           | V                   |
| Name            | KEELER, DENNIS L    | Name            | KEELER, BARBARA M   |
| Address         | 39 LAKE WOOD CIRCLE | Address         | 39 LAKE WOOD CIRCLE |
| City-State-Zip: | OCALA FL 34482      | City-State-Zip: | OCALA FL 34482      |

*I hereby 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 all other like empowered.*

**SIGNATURE:** DENNIS KEELER

**PRESIDENT**

**03/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date