2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 127144

1. Entity Name
SUNRISE FORD COMPANY

FILED
05 FEB 10 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P O BOX 12699 5435 S US 1 FT PIERCE, FL 34979-9699	P O BOX 12699 5435 S US 1 FT PIERCE, FL 34979-9699

05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0470030
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIERNEY, MARY JO
1712 COCONUT DR.
FT. PIERCE, FL 34949

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

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIERNEY, MARY JO
STREET ADDRESS	1712 COCONUT DR.
CITY-ST-ZIP	FT PIERCE, FL 00000.
TITLE	TD
NAME	BARBARA G. BULL
STREET ADDRESS	2215 SE STONEHAVEN RD
CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	SD
NAME	WETZEL, MICHAEL
STREET ADDRESS	1712 COCONUT DRIVE
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	VD
NAME	TIERNEY, J. STEPHEN, III
STREET ADDRESS	303 DEERWOOD LANE
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	D
NAME	THIEL, BRENDA F.
STREET ADDRESS	533 SW LUCERO DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2/15/05 60044 015 -145.00
* online Filing 2/10 — Payment received, but not data *

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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: Barbara G. Bull, Barbara G. Bull 2-10-05 772-468-1372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #