

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 127144

FILED
Jan 26, 2007
Secretary of State

Entity Name: SUNRISE FORD COMPANY

Current Principal Place of Business:

P O BOX 12699
5435 S US 1
FT PIERCE, FL 349799699

New Principal Place of Business:

5435 S US 1
FT PIERCE, FL 349799699

Current Mailing Address:

P O BOX 12699
5435 S US 1
FT PIERCE, FL 349799699

New Mailing Address:

FEI Number: 59-0470030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIERNEY, MARY JO
1712 COCONUT DR.
FT. PIERCE, FL 34949 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: TIERNEY, MARY JO
Address: 1712 COCONUT DR.
City-St-Zip: FT PIERCE, FL 34979

Title: TD () Delete
Name: BULL, BARBARA G
Address: 2800 EAGLES NEST WAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD () Delete
Name: WETZEL, MICHAEL
Address: 1712 COCONUT DRIVE
City-St-Zip: FT. PIERCE, FL 34979

Title: VD () Delete
Name: TIERNEY, J. STEPHEN III
Address: 303 DEERWOOD LANE
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: THIEL, BRENDA F
Address: 533 SW LUCERO DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: BARBARA G BULL

TD

01/26/2007

Electronic Signature of Signing Officer or Director

Date